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Pregnant and parenting teens' attitudes toward pregnancy and motherhood and their
perceptions of social support

by

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A thesis submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of
MASTER OF SCIENCE

Major: Human Development and Family Studies (Child Development)

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ABSTRACT

This study investigated the social support network of pregnant ($n=10$) and parenting ($n=22$) teens recruited through local agencies. The support network was viewed both as support and as an agent of stress to adolescents. The pregnant and parenting teens' perceptions of motherhood and their attitudes toward being a parent were also studied. The teens had a variety of support types and support sources, but the two groups did not differ in those types and sources. They preferred support from boyfriend and mother over other sources and both groups had similar expectations and beliefs about motherhood and social support. The pregnant teens reported significantly more contact with the baby's father than the parenting teens. Results were discussed in terms of need for more support for the teens, but especially for the teen mothers.

INTRODUCTION

Teenage girls as young as age 15 or even younger participate in many kinds of sexual relationships with fellow peers or older men (American Academy of Pediatrics, 1999; Bunting & McAuley, 2004), yet many of these young teens do not use any form of birth control, citing as reasons that (a) they do not have access to it, (b) they have a negative misconception of using any form of birth control, or (c) they do not believe it is morally right to use birth control (American Academy of Pediatrics, 1999; Mngadi, Ahlberg, Ransjo-Arvidson, & Zwane, 2003; Stevens-Simons, Singer, & Cox, 1996).

Teen pregnancy has been widely studied in the last decade because of concern for young mothers and their babies. Although society usually welcomes a newborn with open arms, there are conditions for this greeting: the child has to have parents who are not in their adolescent years and if they are adolescents, they need to be married. When a teenage girl becomes pregnant and then a parent, society often does not look positively upon her (Hockaday, Crase, Shelley, & Stockdale, 2000).

Since the early 1990's teen pregnancy has been considered a crisis in American culture, but according to U.S. government statistics, from 1991 to 2003 birth rates actually decreased for young women 19 years and younger and although women 20 to 29 years-old still had a higher birth rate than the younger women, their birth rate also was decreasing (United State Department of Health and Human Services, 2003, 2006; U.S. Census Bureau, 2008). Martin et al. (2007) reported that females 15 to 19 years of age had a drop in birth rates from 1991 to 2005 while females age 20 to 29 showed a very small birth rate drop but essentially maintained the same rate. In Iowa the birth rate in 1991 was 42%, but was down

to 32% in 2005 per 1,000 females ages 15 to 19 years.

Statement of Purpose

In the current study I examined (a) adolescents who were pregnant and planned to continue their pregnancy and give birth and (b) adolescents who were already parents. Even though society has a negative attitude toward teenage pregnancy, teenagers themselves do not always see being pregnant as having bad consequences (Popillion, 1997; Stevens-Simons, Sheeder, Back, & Harter, 2005). Also I was interested in whether there was a lack of social support and if so, was there a stress factor in that support for these pregnant and parenting teens. Finally I asked about the teens' attitude about motherhood to try to see if it contributed to their stress.

Therefore the purpose of this study was to investigate the social support network of the pregnant and parenting teens as both support and as an agent of stress. A second purpose was to look at pregnant teens' and teen mothers' perceptions of motherhood and their attitudes toward being parents.

Research Questions

The specific questions addressed were:

1. What is the teens' level of perceived support (e.g., social support, financial support, emotional support) and stress from their support sources (e.g., mother, father, siblings, peers, and boyfriend)? Is there a difference in level of support and stress with supporters? From whom do teens prefer to receive social support?

2. What is the relationship between teens' perceived total support and their attitudes about motherhood?
3. Is there a difference between the pregnant teens and the teen mothers' perceptions of support, stress, and motherhood? Are social support, stress, and perception of motherhood related to each another for the total group of teens?

REVIEW OF LITERATURE

Understanding Why Teens Become Pregnant and Carry Their Babies to Term

Adolescents know more about sex than their parents, school administrators, and teachers realize. Thornburg (1981) studied 1,152 high school students who reported having various sources for sexual information; however, peers were the number one source for obtaining information about sex, followed by literature about sex-related issues (e.g., contraception or conception); parents were ranked last. However, these teens also were misinformed about the use of contraception and had a misunderstanding of body functions during intercourse. Some adolescents had a preconception of love and romance similar to fiction stories they had read; once they become involved in a brief relationship with someone, they may experience sexual exploration and experimentation (Thompson, 1984). This may be why adolescents' peers rank at the top for information sources because they experiment sexually with their peers and that is how they acquire additional information, along with assistance from literature and some information from their mothers.

Although young women reported that they learned about sex from peers, they rarely learned about contraception from them. Iuliano, Speizer, Satelli, and Kendall (2006) studied 3,011 women in three groups (first sexual experiences, first unplanned pregnancy, and second or third unplanned pregnancy) in New Orleans on whether they were practicing safe sex. The majority indicated that they had their first sexual experience when they were 15 years old or younger and they were unprotected because they did not want their parents to find out about their sexual activities. Others reported that their first experience was unexpected and that they did not know much about contraception methods. However, those

participants who were 18 years old or older were less concerned about parents finding out and reported their sexual encounter were unplanned plus they did not know much about contraception. One major difference between these two groups was that the older participants wanted to be pregnant; the older group often reported discontinuing contraception because they could not afford it. In another study, Anderson, Santelli, and Morrow (2006) used the Youth Risk Behavior Survey (administered from 1991 to 2003) to study contraceptive usage among high school students from ninth to twelfth grade. They found a greater increase in contraceptive usage among both genders than previously reported. Males used more external contraceptives while females used more chemical treatments such as birth control pills or injections. The authors found that those with lower self esteem were more likely to become pregnant and to have inconsistent contraceptive usage. Mostly their finding showed that contraceptive usage lowered sexually transmitted diseases for the teen, but only a small percentage of participants thought about sexual diseases.

Widdice, Cornell, Liang, and Halpern-Felsher (2006) looked at the positive and negative aspects of having sex and at condom usage among 418 high school freshmen. The risks of not using a condom included health risks such as pregnancy and disease, psychosocial risks such as the stigma of getting pregnant at their age, negative impacts on the relationship, getting caught or parental disapproval, negative impact on social status, and peer pressure. The benefits of not using a condom were having a baby and the psychosocial benefits were getting pleasure and improving the relationship. The majority knew there are risks in having unprotected sex; however, more boys than girl saw the benefits and pleasures to having sex without using a contraceptive and/or condom. They felt that the benefits and pleasure out weigh the risk of pregnancy and disease. Even though these teens associated

love and sex together, they seldom linked sex with conception.

Cowley and Farley (2001) asked 202 females ages 13 to 18 about their perceptions of pregnancy. Their findings indicated that there were two types of groups who were susceptible to becoming pregnant, the ones desiring pregnancy and the ones ambivalent about pregnancy. The most interesting finding was that girls base their decision about whether or not to use birth control on their boyfriend's desires/needs about sexual intercourse and parenthood. The authors said that if these young females wanted to have a baby and also perceived that their boyfriend wanted to have a baby, then they became pregnant. However, those who were themselves unsure but perceived their boyfriends wanted to have a baby also became pregnant. Stevens-Simons et al. (2005) studied the ideology of pregnancy among 351 young women 10 to 19 years old. Their findings indicated that half viewed becoming pregnant in the near future as bad while the other half were unsure about their feelings about the future. These are the ones who likely will become pregnant since they did not see pregnancy as being bad for their future. Like Cowley and Farley, Stevens-Simons et al. also found that the boyfriend's desires influenced whether or not the girl became pregnant. Jayakody, Chatters, and Taylor (1993) formed the same conclusion about female teens' attitudes about abortion. They found that boyfriends and teen peers have a greater impact on teens' decision on whether to keep their baby than does the girl herself. Condon, Corkindale, Russell, and Quinlivan (2005) studied 400 male students' ages 15 to 18 in Australia. Their findings shed some light on the males' influence on females becoming pregnant and deciding to keep the baby; they found that those who do not have a positive image of pregnancy and fatherhood, those with higher perception of being a male, and those with higher self esteem will unlikely continue with pregnancy while those who favor continuation of pregnancy have the opposite

attitude toward themselves. Most young women who experienced early sex learned about sex from peers and had risked their health to disease, pregnancy, or death. Even though there has been an increase in contraceptive use among teens in recent years, often these young women and their partners are not using contraceptives at the time of their sexual exploration due to limited availability. Either they could not afford it or had no contraceptive on hand, oftentimes, resulting in pregnancy, and then relying to a large extent on their partner in deciding whether or not to continue the pregnancy due to the teens' perception of their partner's feeling and attitudes about parenthood.

Attitudes About Motherhood

Teens have a variety of attitudes about motherhood. Popillion (1997) interviewed six pregnant or parenting adolescents between age 14 and 17 about their past experiences and their perception of motherhood. These participants had a history of sexual, emotional, and physical abuse, had used drugs, and had come from dysfunctional families, but they viewed the role of mother as positive. They wanted to give their baby the kind of love and life they themselves did not have as a child. They also saw the experience of motherhood as an opportunity to start their lives again. Once these expectant mothers decided to keep their babies, they slowly acquired various types of social support from numerous people. Ex and Janssens (2000) examined self-image and concept of motherhood in young women from Netherlands. They compared younger and older females with lower levels of education (e.g., middle school) with younger and older females with higher education (e.g., college level). In their first study the authors examined 64 participants on their perception of motherhood. The younger women were more traditional in their view of what a mother should be, such as

being responsive and emotionally attached to her child. Apart from these traditional characteristics, younger women saw mothers as being independent and being “an individual” outside the home. The older females with higher levels of education also viewed motherhood as being centered on the child and family, but not as strongly as younger women; younger women’s age and level of education appeared to strongly influence their views of motherhood. The second study focused on attitudes toward motherhood and included 165 younger and older females ranging in age from 15 to 22 years with various education backgrounds. Ex and Janssens found that both younger females and older females with lower levels of education viewed the ideal mothers as being the center of the family and children and as being less independent or individual; however the younger females had more traditional ideas about parenthood than those older females with lower educational levels. Participants’ perception of mother roles seemed to be a reflection of their observation of their own mother. Overall, younger females were more traditional in their ideas about motherhood than were older females, and their own mother had influenced them more on this perception of motherhood.

In earlier research, Ex and Janssens (1998) found a connection between mothers’ parenting skills and their daughters’ attitudes toward motherhood. Using the same 165 female participants (dyad of mothers and daughters), 15 to 46 years old, with various education backgrounds, the authors found that mothers’ parenting style and perception of motherhood greatly influenced their daughters’ ideology of motherhood. The majority showed that mothers and daughters were more nontraditional in belief about gender roles. But there was an effect with education and age among the daughters. The findings indicate that older daughters whose mothers had higher education and who themselves had higher

education were more nontraditional of their perception/definition of motherhood (e.g., mother can work and be a home maker or males can do that, too) than their own mothers. When younger and lower educated, daughters were more traditional in their belief of motherhood (e.g., women should be a homemaker and husband work in the community). In addition, mothers perceived their child rearing method as being strict and to accommodate to society's norms and culture while daughters felt their mothers gave them a lot of independence to learn and nurture them and know them inside out.

Condon, Donovan, and Corkindale (2001a) investigated adolescents' attitude about motherhood and pregnancy, using a sample of 1,546 South Australian adolescent females and males with a mean age of 16 years. Results showed that participants had high idealization statements in the pregnancy subscale (men feel closer to partners during pregnancy, pregnancy is the happiest time, couple's relationship is closer during pregnancy, and women instantly love their baby on sight) and parenthood subscale (most men don't resent attention given to baby, parenting is fun, it is unusual for parent to want to hurt baby, and children will turn out well if they have good parents). They found that males actually had more traditional ideologies about motherhood and pregnancy than females. Males believed more of the false beliefs about motherhood and pregnancy such as "having a baby makes a marriage complete" or "being a parent is a natural life cycle everyone can accomplish and be successful at parenting."

In a second study, Condon, Corkindale, and Donovan (2001b) attempted to understand young adult perceptions and ideals about pregnancy and parenthood among 192 students (grades 11 and 12) in South Australia. Students were randomly selected from 12 schools into either an experimental (intervention group) or control group. Each group

watched a video about pregnancy (researchers called this method the intervention factor) and the progress of change on three mothers-to-be. Then each group was either assessed (with the Idealization of Pregnancy and Parenthood Questionnaire) two weeks before and after viewing the video or two times in a span of four weeks after viewing the video. The results showed that participants' idealization of pregnancy and idealization of parenthood was lower in the second time reporting after intervention for both groups but these researchers mentioned intervention and assessment time did not affect their response.

Jaccard, Dodge, and Dittus (2003) explained why the intervention that Condon et al. (2001b) used may not have been successful. Jaccard et al. studied attitudes toward pregnancy among 20,745 youth 15 to 19 years old and found most pregnancies occur because of teens' uncertain feelings about motherhood. Family demographics and education seemed to be important factors as well; family demographics such as teens' ethnicity affected their attitude toward early pregnancy (e.g., African American families were more accepting than Asian American families of teenage pregnancy). The teen's own mother's education level influenced her attitude toward motherhood, whether it was more accepting or not to be pregnant (i.e., teens who were more accepting of their pregnancy had mothers with lower education). In addition, Stevens-Simon, Kelly, and Singer (1996) examined the inconsistency of contraceptive usage among 200 teenagers from 13 to 17 years old at the Colorado Adolescent Maternity Program which provided medical care for teens and their babies. They found that girls did not always use contraception because of their ambivalent feeling toward being pregnant (i.e., some did not mind becoming pregnant).

Merrick (1995) reviewed literature which may explain why some adolescents have ambivalent feelings toward motherhood. Due to culture and ethnicities, women and children

seem to be associated with each other; therefore, some adolescents gain a higher status once they have a baby, which may cause certain teens to strive to become mothers earlier in life. It seems that lower socioeconomic-status minorities (e.g., African American teens) were more likely to chose this path than other groups. Rosengard, Phipps, Adler, and Ellen (2004) investigated 174 female participants from a health clinic in a longitudinal study on the intention of motherhood. They found that there was a split in percentage where nearly half wanted to be pregnant but a little over half did not see pregnancy in their future. However, almost all of the participants indicated that they were likely to use contraception. Those who wanted to be pregnant were less likely to use contraception as frequently as the ones who did not plan to become pregnant. From these findings, the researchers explained that half of these participants in both groups would likely be pregnant whether they plan to or not due to their inconsistent attitude about using contraception. Other interesting findings were that those who planned pregnancy and those unsure of pregnancy were more willing to report their pregnancy than those who had no plan for it and those who wanted to be mothers continued in their pregnancy while those who did not want to be pregnant or felt they were not ready were more apt to terminate their pregnancy.

Wahn and Nissen (2005) studied young women between the ages of 15 to 19 years in Sweden who were either pregnant or already a parent (already given birth). When they looked at the teens' attitudes and knowledge about motherhood, they found those who looked at pregnancy as a better lifestyle actually felt that way about it at first, but once the child arrived they found it more difficult than they thought it would be. The majority chose to continue with pregnancy because they either wanted it or were unsure about it. However, some mentioned that they became more responsible and mature as a result of getting

pregnant and having a baby but it was difficult to adjust with the new financial problems and taking care of a baby.

Social Support Network

Cruse, Hockaday, and McCarville (2007) examined the social support of 154 adolescent females, who were either pregnant ($n=48$) and/or parenting ($n=29$) (group 1) compared with adolescents who were non-pregnant and non-parenting ($n=77$) (group 2). All completed a questionnaire containing items on the type of social support and level of support (Inventory of Socially Supportive Behaviors [ISSB] and Arizona Social Support Interview Schedule [ASSIS]). Both groups were similar for the ASSIS and ISSB overall support type. Group 2 reported more support overall than group 1, but group 1 reported more teacher support than group 2. When individual sources were compared, Group 2 reported receiving more social support from best friends and sister in sharing feeling, advice, and socializing. Sisters were perceived as hands-on helpers, boyfriend as social supporter, and their father as a source of financial support. Both groups ranked boyfriend, mother, and best friend as providing them with almost all social support. However, group 2 reported that mothers provided more financial support followed by fathers. Participants indicated that sisters were the one that caused them more stress followed by father. Lastly, they felt that their social support overall did not change much over two years.

Apfel and Seitz (1991) studied four models of adolescent mothers and their relationships with their own mothers using 119 participants (African American adolescents and their mothers or grandmothers). Mothers of the teens modeled four kinds of parental systems when they assisted their teens. The majority used the parental supplement model,

where the adolescent and her mother shared responsibility of the newborn. This system allowed teens to learn new parenting skills and gain support from their mothers; however, the boundaries of the roles of mother and grandmother may cause the child to have conflicting views of who is the real parent. The other three models, which were used less frequently, were the parental replacement model, support primary parent model, and parental apprentice model. The parental replacement model allowed the baby's grandmother to fully take over the parental role while the teen played a minor role in the infant's life. Support primary parent model implied that the teenage girl was the primary caretaker of her infant while her support networks played a minor role in the infant's life. And in the parental apprentice model, the teen's own mother taught her daughter how to be a parent to her infant.

The majority of the previous studies assumed that teens used and received support from their entire social network. However, the majority of the support was from the infant's grandmother who shared some of the responsibilities such as childcare, financial support, and emotional support. The presence of the infant's grandmother may bring cognitive stimulation to the child, but oftentimes the infant's grandmother cannot provide or obtain an enriching environment for the baby (Cooley & Unger, 1991; Spieker & Bensley, 1994).

Several studies have found that family support from mothers, fathers, siblings, or relatives oftentimes is the foremost and most common form of support that pregnant or parenting adolescents list (Cooley & Unger, 1991; Crase et al., 2007; McCarville, 1991). Davis, Rhodes, and Hamilton-Leaks (1997) examined 204 African American adolescents who were pregnant or parenting and found that teens received more emotional support, financial assistance, and encouragement from their mothers than from their fathers. Richardson, Barbour, and Bubenzer (1991) investigated 13 to 19-year-old adolescent

mothers' perceptions of their social support network. The researchers found that the adolescent's family and peers were the predominant part of their social support network. Family members provided them with child care, emotional support, and material or tangible assistance (financial support). Besides these supports, the babies' grandmothers also provided valuable information about parenting skills and new roles to their daughters; however, some teens may not want to take on their new roles because they may feel more comfortable with their mother's help and desire their own mothers to take on this new responsibility (Culp, Culp, Noland, & Anderson, 2006; Spieker & Bensley, 1994).

According to Davis et al. (1997), besides mothers supporting their daughters teenagers also had support from their fathers (biological father, stepfather, and godfather). These fathers provided more tangible assistance and gave the most positive feedback and cognitive guidance; however, they gave their daughters little emotional support. There are few studies about the significant roles for teens' fathers because the majority of research is on the social support roles of teens' own mothers. One reason for this may be that researchers try to generalize the father support roles within the family dynamic, rather than independently examining the roles of fathers (Voight, Hans, & Bernstein, 1996).

Another person from whom pregnant teens seek support is their partner or their baby's father. Cooley and Unger (1991) found that with the support of the teen's partner, teen mothers were more likely to finish school and have more positive outcomes for their infants. Those teens who decided to marry their partners were supported by them, even though their family might have rejected their decision and might not have given her further financial support. Overall, the emotional and financial support of the partner is important to the teen's well-being and outcome (Henly, 1997; Major, Cooper, Cozzarelli, Richards, &

Zubek, 1997; Thompson & Peebles-Wilkins, 1992). However, sometimes the partner may not be able to care for the teen so the partner's family may offer her financial assistance or offer to rear the child for a while to allow her to finish school before returning the baby to her (Mngadi et al., 2003). It seems that partner support is not enough to have a securely attached child and other supporters are needed. Spieker and Bensley (1994) implied that compared to mother support, partners provided little support which in turn created a less positive feelings of security for their infants. The absence of partner support may cause the teen mothers to lose some of their sense of well-being (Gee & Rhodes, 2003; Stevenson, Maton, & Teti, 1999). Partner support also may not enhance female adolescents' parenting skills (Voight et al., 1996).

Another source of support that pregnant teens may turn to is their peers. Richardson et al. (1991) mentioned that teens who are pregnant turn to friends for social support, including child-rearing practices, emotional support, and material support. Peers seem to give the highest emotional support, second only to the teens' own mothers, which is surprising because the teens' own mothers have usually been considered predominant in giving any kind of support. Voight et al. (1996) mentioned that peer support actually helped teens become better parents. Thompson et al. (1992) found that female friend support provided comfort as well as stress for teen mothers (Turner, Grindstaff, & Phillips, 1990). Crase et al. (2007) also noted that young women ranked peers within the top three of providing social support such as sharing feeling, advice, positive feedback, physical assistance, and social participation. However, these authors also mentioned that peers also create a high conflict to these young women too, which can deteriorate their friendship relationship.

Strain/Stress with Social Supporters

There are many studies about types of support for pregnant teens; however, there are limited articles on how these supporters could actually create stress or conflict to these pregnant teens and young mothers. Davis et al. (1997) examined both the support and problems of social support networks that 204 pregnant and parenting adolescents reported. They found that the teens' own mothers gave their daughters more support than did their fathers; however, both parents presented equal numbers of problems and stressors to teens. They also mentioned that the higher the support, the less likely adolescents would be depressed. Cramer and McDonald (1996), in their longitudinal study, interviewed 42 teen mothers under age 18; at the first interview the teens were concerned with their early motherhood experiences and their social support network. The researchers concluded that teens were distressed with their supporters because their family could not provide everything they wanted. Another reason for the distress may be that once the teens marry, they are expected to be independent and depend on their partner who could conflict with teens' views about their own family (e.g., mother and dad; Henly, 1997).

Culp et al. (2006) studied 21 mothers of adolescents who had already given birth, focusing on their relationship with their daughters and their parenting styles. Also, they looked at factors that contributed to both the teens' and mothers' marital happiness and stress. Their findings showed half of the mothers of the teens had become mothers early in their life too and they were not happy in their relationship. They also mentioned their relationship with their daughters as being stressful because they either helped with or were given the task of rearing or taking care of their grandchild. These researchers found that mothers give a lot of support to daughters but also it caused stress both to themselves and

their daughters for taking on parenting the child and not allowing their daughters to learn parenting skills. Larson (2004) looked at parenting stress in a longitudinal study of 189 participants with a mean age of 16 years. Larson found that not having enough income and experiencing hardship in their lives were higher stressors for these teens than stress that came from boyfriends or parents (e.g., for criticizing their parenting styles); these findings are different from earlier research findings.

Ravert and Martin (1997) conducted a study of 97 expectant mothers ages 13 to 18 dealing with family stress, perceptions about pregnancy, and age at first menarche. The results indicated that these adolescents did have high family stress, although it was not related to their pregnancy, and age of first menarche did not have anything to do with family stress; they perceived their pregnancy as being only slightly stressful. However, their peers were more stressful to them. Gee and Rhodes (2003) also mentioned that the baby's father does cause teenage mothers stress but it is decreased by the mother's social support of the daughter. Lastly, Gee, Nicholson, Osborne, and Rhodes (2003) studied adolescent mothers' social support and problems with their siblings using 536 African American and Latina pregnant and parenting adolescents, 11 to 19 years old. They administered the Social Support Network Questionnaire, an adaptation of Arizona Social Support Interview Schedule. The authors found that 56% of sisters provided social support and 31% of brothers did and they were more inclined to report older sister as supports than brothers or younger sisters, followed by older brother, younger sister, and younger brother. However, these participants all reported that equal amounts of stress were caused by all siblings but brothers were just a little more problematic than sisters. Richardson et al. (1991) also talked about stress (interference) with social support (e.g., childrearing, emotional, material) among supporters.

They reported that relatives, friends, and neighbors created problems and stress to their teen participants but they could not identify the exact group or social support that may have been more problematic than others.

In conclusion, a teenager's positive or ambiguous attitudes about pregnancy may lead to her becoming pregnant depending on her own perceptions of what her boyfriend wants. Once teens become pregnant they have various social supports, including mothers, fathers, siblings, partners or baby's father, and peers. However, all these supporters may actually be the sources of problems or the agent that may cause distress about their new role as a parent. There has been little study on this topic of social support as a stressor because previous studies focused on how these supporters protect teen mothers from additional stress.

METHODOLOGY

Participants

Participants ($n = 32$) in this study were 10 pregnant teens and 22 parenting teens between 16 and 19 years of age. Although 44 participants answered the survey, the researcher excluded 12 teens because they did not fill out important demographic information (e.g., age), reported they had given birth to a baby in their teens but now were older, or did not answer many of the measurements in the survey. Each participant was recruited either from youth shelters/centers or a health services center (Women, Infants, and Children [WIC]) throughout central Iowa.

The researcher contacted about six community agencies but obtained permission from only four to do the research. Personnel at the four agencies assisted the researcher in finding the teens for this study. Teens were found mainly in a youth shelter/center and at various WIC locations throughout central Iowa. The youth shelter center had the capacity for 14 females, all of whom were either pregnant or a parent of 1-2 children. These females followed a routine such as attending a parenting class and a life skills class (health care, domestic responsibility, reproductive choices) as well as following the regulations of the center such as a curfew and medical tests in order to move up a level to receive more privileges (e.g., staying up longer). Their stay could be from one month to two years, depending on individual circumstances. The researcher went to the shelter/center on several occasions to be available to administer the survey to the teens who chose to complete it.

The WIC programs provided government assistance which began assisting young women (and other low income families with children) when they were about six months

pregnant. These young women received health check ups and monthly allowances for food for themselves and for their children. The researcher contacted the WIC program personnel to determine how many teens might be there who fit the criteria for the study. The researcher then worked with personnel to schedule times to be available to test the teens

Participants were interviewed at their convenience when they were at the shelter, WIC agencies, or at their home or community center, and an advocate was always present for those under 18 years old. In several cases due to bad weather when the researcher was unable to interview one on one, some of the teens over 18 years old were allowed to take the survey home. Participants were given opportunities to ask questions concerning the study at any time during the meetings. Those who took the survey home could contact the researcher by phone to clarify any problem. All participants were treated according to the “Ethnical Principles of Psychologists and Code of Conduct” (American Psychological Association, 1992).

Instruments

Adolescent Personal and Social Inventory (APSI)

The APSI is a composite of several instruments that Crase and Stockdale (1989) brought together in one format for their research with teens. Participants are asked about personal and social information in their current situation. The APSI contains the subcategories described below. Items that were not included in the final analysis were ones that had poor factor loading and did not add to the strength of the reliability. The complete instrument (14 pages, see Appendix A), took the teens from 30 to 45 minutes to complete. Following are the subsections of the APSI and a description of each subsection.

The Demographic Questionnaire

This section, which addresses the young woman's age, grade level, marital status, ethnicity, religion, and other items dealing with their family and boyfriend, was created by Crase and Stockdale (1989). It is located on pages 1 and 2 of the APSI.

Inventory of Socially Supportive Behaviors (ISSB)

The ISSB (Barrera, 1981) contains 40 items asking participants about their social support, emotional support, and financial support. However, three items were excluded in the final questionnaire for this study for a total of 37 items. Responses were constructed on a Likert-type range (1=not at all; 5=about every day). Barrera, Sandler, and Ramsay (1981), in an overview of studies designed to develop a better social support scale, reported internal consistencies or reliabilities (α) of .92 for the first administration and .94 for the second administration of the scale in their study of 71 college students. The reliability was .970 in the current study. Items were placed in Barrera's subscales (emotional support, sharing support, advice support, teaching support, and material support); however the subscales were ultimately combined to obtain a total score to analyze the results. The ISSB was administered to all participants and is located on pages 3 and 4 of the APSI.

Arizona Social Support Interview Schedule (ASSIS)

Barrera's (1981) ASSIS contains nine statements dealing with social support and the actual people who assist participants. In the current study, one statement was excluded for a total of eight statements. All responses were based on a Likert-type range (1=little or none; 6=does not apply). Barrera reported internal consistencies at .33 and .52; this study had an internal consistency of .799. The ASSIS was administered to all participants and is located on pages 5 and 6 of the APSI.

Maternal Attitude Scale (MAS)

Cohler's MAS (Cohler, 1967) was shortened by Crase and Stockdale (1989) for their research to a 74-item scale that asked participants about their opinions and perceptions of parenting. For this study, several items were excluded for a total of 35 items. All response are based on a Likert-type range (1=strongly agree; 6=strongly disagree) and several items were reverse-coded. During statistical analysis, the items were placed in groups with similar concepts, similar to the factors that Cohler reported, to obtain higher reliabilities, after eliminating some items that did not contribute to the values of the reliability. The reliabilities for the individual groups in this study were warmth .591, demands .667, child mind set .803, and understanding child .743. The MAS, located on pages 6-8 of the APSI, was administered to all participants.

Maternal Support Questionnaire (MSQ)

This scale, adapted by Hedrick (1982), had 12 items asking participants about their support expectation from loved ones. For the current study, three items were excluded for a total of nine statements. Because some of the respondents were pregnant and some were already parents, two versions of the MSQ were included—one for each group; participants were directed to respond to only the section (6A or 6B) that applied to there “status” (pregnant or parenting). Adolescents who were already parents and were pregnant completed 6B, designed for parents. The responses are based on a Likert-type range (1=none to 5=a great deal). The reliability in the present study was .860. The MSQ is located on pages 8 to 13 of the APSI.

Idealization of Pregnancy and Parenthood Scale (IPPS)

The IPPS, developed by Condon et al. (2001a) and Condon et al. (2001b), was not a

part of the APSI put together used by Crase and Stockdale (1989). It is a 21-item scale that assesses perception of the various aspects of motherhood and was included as the last scale for the present study. The reliabilities for both studies (Condon et al., 2001a, 2001b) were .60 and .63 for idealization of pregnancy and .70 and .72 for parenthood. For this study, items was placed into the same subscales of idealization of pregnancy ($\alpha=.730$) or idealization of parenthood ($\alpha=.721$); the majority of the items were reverse-coded to fit into the subscale directions and some were deleted to increase reliability. The IPPS is located on page 14 of the APSI used in this study.

Procedures

I visited each center and met with the directors to discuss the research I would conduct during the following months. The advocates and I had to fill out a confidential letter with all centers to up hold their privacy and protect their clients. After receiving permission from the individual centers and the Institutional Review Board at Iowa State University (see Appendix B) I talked to the teens individually with an advocate present to make sure they understood the study. I gave an overview of my plan and answered any questions or concerns they had concerning the study. Once adolescents consented to participate and had signed the letter of consent (see Appendix C) they filled out the survey. The majority of participants answered the survey individually on site with an advocate present, but some chose to complete the survey at their convenience at their home or community center (with an advocate present at the center), or in a small group. Those who were 18 or 19 years old were given an option to fill out the survey on site or take it home to complete and return in an envelope with postage supplied by the researcher, a condition included when renewing the

Institutional Review Board application. Due to previous bad weather, it had become difficult for the researcher to travel on some days to get to the participants. These participants provided their phone number and the researcher sent three reminders asking them to complete the survey which was received from all who took them home to complete. There did not appear to be any difference in the responses to those teens who took the survey home and those who completed it on site.

On the days I administered the survey, I reviewed with the teens present that day the type of study I was conducting and reviewed their rights and asked them to consent to the study in the presence of the advocate. They were given a choice to read to themselves and answer accordingly or have the researcher read the items out loud to them. Once all participants completed the survey I reviewed their rights again. Those who participated received a small gift of a nutritious treat when they finished it in person; however, those who agreed to mail in the survey on the bad weather days either got the treat before hand or would have received it when I saw them again at the center but I was not able to again see most of those who mailed them back to me. Mailing the treats was not an option since I did not have funding for that. Participants also received a debriefing statement attached to their letter of consent which gave a brief summary of the study and information of how participants could contact the researchers for further information (see Appendix C).

Analysis

A coding book (see Appendix D) was designed and after receiving the questionnaires, all data were entered into the computer and analyzed using SPSS. I also consulted with Dr. Mack Shelley, II on the statistical analysis. Data were analyzed using frequencies and

percentages for the demographic variables and other study variables in the group of pregnant teens and parenting teens. Means (*M*) and standard deviation (*SD*) of the social support variables and mother attitude toward motherhood variables were computed. Descriptive data were examined carefully because of the significant information concerning these young pregnant and/or parenting women. Correlation analyses and *t*-test were used to study the relation between ages, subcategories of social support, and teens' attitudes about parenting. Knowing the levels of support for teens and the number of significant individuals in their life are important aspects of this research. Also, due to the low strength of the reliability for some items in some of the measures when placed in predetermined factors or scales, some items were removed to increase the reliabilities. Lastly, because of the smaller sample size and method of locating the subjects, the findings are specific to these groups and cannot be generalized to other groups.

RESULTS AND DISCUSSION

Demographic Questionnaire

Of the 32 participants in this study, 10 were pregnant and 22 were already parents. Table 1-2 gives the means, standard deviations, and independent-samples *t*-tests for the various demographic variables. The vast majority of the independent-samples *t*-tests indicated the two groups of participants were not significantly different on most of the variables and that is the assumption in this section unless otherwise stated.

Age, Education, and Ethnicity

Age. The two groups were not significantly different in age (pregnant teens: range=16-19 years, $M=17.80$, $SD=1.13$; parenting teens: range=16-19 years, $M=17.86$, $SD=1.03$) (see Table 1).

Education. The two groups were not significantly different for education. Of the pregnant teens, 2 were currently in school and in their junior year and 8 others last attended as a sophomore ($n=3$), junior ($n=2$), or senior ($n=3$). For the parenting teens, 6 were currently in high school (freshman, $n=1$; sophomore, $n=1$; junior, $n=1$; and seniors, $n=3$) and 16 were not attending but indicated their last attendance as sophomore ($n=1$), junior ($n=4$), senior ($n=11$) (see Table 1).

Ethnicity. All pregnant teens identified themselves as Caucasian; the parenting teens included Caucasian ($n=13$), Hispanic ($n=3$), African American ($n=3$), Native American ($n=1$), and other ($n=2$). So the two groups obviously were different in racial makeup, although no statistical tests were used to analyze the variable (see Table 1).

Family Information

Marital status. Pregnant teens (single, $n=8$; married, $n=2$) and parenting teens (single,

Table 1

t-Scores for Demographic Variables (Age, Education, Ethnicity, and Marital Status, etc.) for Pregnant and Parenting Teens and Their Family with Variable Range, Means (*M*), Standard Deviations (*SD*), and Frequency

Variables	Pregnant Teens (<i>n</i> =10)					Parenting Teens (<i>n</i> =22)					<i>t</i> -score
	Range	<i>Mean</i>	<i>SD</i>	Freq	<i>N</i>	Range	<i>Mean</i>	<i>SD</i>	Freq	<i>N</i>	
Age	16-19	17.80	1.13	10		16-19	17.86	1.03		22	-.156
Education											
No	Sophomore-Sr.	3.00	.925		8	Sophomore-Sr.	3.62	.619		16	-1.40
	Sop.			3		Sop			1		
	Jr			2		Jr			4		
	Sr			3		Sr			11		
Yes	Junior	3.00	.000	2	2	Freshman-Sr.	3.00	1.26		6	
						Fresh			1		
						Sop			1		
						Jr			1		
						Sr			3		
School attendance during preg. ¹	Hardly went- Went almost everyday	4.60	1.02		6	Hardly went- Went almost everyday	4.54	1.78		19	.063
					10					22	
Martial Status	Single			8		Single			20		
	Married			2		Married			2		
					10					22	
Ethnicity	Caucasian			10		Caucasian			13		
						Hispanic			3		
						African Amer.			3		
						Native Amer.			1		
						Other			2		
					10					22	
Status of Mom (biological/adopted)	Single			1		Single			6		
	Married			2		Married			5		
	Separated			1		Separated			2		
	Divorced			2		Divorced			3		

	Remarried			3		Remarried			6		
	Deceased			1							
					10					21	
Status of	Single			2		Single			8		
Dad	Married			1		Married			3		
(biological/	Separated			1		Separated			1		
adopted)	Divorced			4		Divorced			4		
	Remarried			2		Remarried			5		
Moms' education	Some high	3.70	1.15		10	Junior high	3.81	1.62		22	-.234*
	school-					school-					
	college					college/					
	graduate					professional					
Dads' education ¹	Some high	3.00	.707		9	Junior high	2.47	1.32		21	1.40*
	school- some					school-					
	college/					graduate/					
	technical					professional					
	school					degree					

¹ Missing variables are due to missing values or items that did not apply to the teens.

* $p < .05$

$n=20$; married, $n=2$) were almost all single. Pregnant teens indicated the marital status of their biological or adopted mothers as single ($n=1$), married ($n=2$), separated ($n=1$), divorced ($n=2$), remarried ($n=3$), and deceased ($n=1$); parenting teens mothers were single ($n=6$), married ($n=5$), separated ($n=2$), divorced ($n=3$), and remarried ($n=6$). Marital status of pregnant teens' biological or adopted fathers was reported as single ($n=2$), married ($n=1$), separated ($n=1$), divorced ($n=4$), and remarried ($n=2$) and parenting teens reported their biological or adopted fathers were single ($n=8$), married ($n=3$), separated ($n=1$), divorced ($n=4$), remarried ($n=5$), and one was not known ($n=1$) (see Table 1).

Education level of their parents. An independent samples t -test of teens' mothers' education showed that these two groups were significantly different in levels of education. Pregnant teens' mothers ($M=3.70$, $SD=1.15$) were significantly higher in education than parenting teens' mothers ($M=3.81$, $SD=1.62$), $t=.234$, $p < .05$); fathers also were significantly different; pregnant teens' fathers ($M=3.00$, $SD=.707$) had higher education levels than parenting teens' fathers ($M=2.47$, $SD=1.32$), $t=1.40$, $p < .05$). Thus mothers of parenting teens had more education than mothers of pregnant teens but the reverse was true for their fathers. The two groups' mothers and fathers were not significantly different in education level when compared with each other (see Table 1).

Baby's father. The age range for the babies' fathers was 17 to 46 years ($M=21.00$, $SD=5.20$) for the pregnant teens and ($M=21.63$, $SD=5.82$) for the parenting teens; the two were not statistically different. Frequencies were used to report the relationship the participants had with the baby's dad (for the pregnant group: married/living together, $n=2$; living together/not married, $n=5$; not living together or married, $n=2$; other, $n=1$; for the parenting group: married, $n=2$; living together/not married, $n=4$; no relationship, $n=9$; not

living together or married, $n=3$; and other, $n=4$). Nearly half of the parenting teens were not in contact with the baby's father. An independent samples t -test was used to compare the two groups on level of contact with the child's father. Pregnant teens said they see their baby's dad ($M = 5.00$ [every day], $SD = .000$) significantly more, $t=4.92$, $p<.001$, than the parenting teens ($M=3.22$, $SD=1.68$). This finding is one that does not bode well for the baby, since 3 means "see him once a week," (see Table 2).

School attendance before and/or after birth of their baby

An independent samples t -test indicated that school attendance (number of days a week they attended) was not significantly different for the two groups ($M=4.60$, $SD= 1.02$ for pregnant; $M=4.54$, $SD=1.78$ for parenting). Both groups indicated that they averaged around 4.5 days of school a week. Even with their new responsibility of parenting, school attendance remained as important after the baby's birth as it was before; this could be an indicator of greater social support for child care and encouragement by others for the teens to attend school (see Table 1).

Financial Support

Participants were asked if they received income from a list of sources, but there were no significant differences between the two groups on where they obtained their income, except for "other financial aid" which was more frequently checked as a source of income by the parenting group, $t=2.21$, $p<.001$ (see Table 2).

Additional Information

The parenting teens reported their age at their first child's birth as ranging from 15 to 19 years ($M=16.89$, $SD=1.13$). They rated their pregnancy ranging from difficult=1 to easy=5 ($M= 3.31$, $SD=1.42$) and their delivery using the same scale ($M =3.22$, $SD=1.50$). A few

Table 2

t-Scores for Demographic Variables (Background Information on Baby's Dad, Income, etc.) for Pregnant and Parenting Teens and Their Family with Variable Range, Means (*M*), Standard Deviations (*SD*), and Frequency

Variables	Pregnant Teens (<i>n</i> =10)					Parenting Teens (<i>n</i> =22)					<i>t</i> -score
	Range	<i>Mean</i>	<i>SD</i>	Freq	<i>N</i>	Range	<i>Mean</i>	<i>SD</i>	Freq	<i>N</i>	
Age of baby's dad	17-35	21.00	5.20		10	18-46	21.63	5.82		22	-.295
Relation w/ baby's dad	Married/living together			2	10	Married/living together			2	22	
	Living together/not married			5		Living together/not married			4		
	Not living together nor married			2		No relationship			9		
	Other			1		Not living together nor married			3		
						Other			4		
Contact w/ baby's dad	See him every day	5.00	.000		10	Never see him- see him every day	3.22	1.68		22	4.92**
Source of support ¹											
Your job	Yes-No	1.50	.527		9	Yes-No	1.31	.476		22	1.22
Spouse job	Yes-No	1.50	.527		9	Yes-No	1.36	.492		22	.966
Saving	Yes-No	1.10	.333		9	Yes-No	1.09	.294		22	.167
Parent's money	Yes-No	1.44	.527		9	Yes-No	1.22	.428		22	1.19
Other financial aid	Yes-No	1.11	.333		9	Yes-No	1.45	.509		22	-2.21**
Social Services	Yes-No	1.22	.440		9	Yes-No	1.18	.394		22	.250
Loans	Yes-No	1.00	.000		9	Yes-No	1.04	.213		22	-.633
Scholarship	Yes-No	1.00	.000		9	Yes- No	1.04	.213		22	-.633
Other income	Yes-No	1.55	.527		9	Yes-No	1.31	.476		22	1.22
Age at birth of baby						15-19	16.89	1.13		22	

Rate pregnancy				Difficult- Easy	3.31	1.42		22	
Rate baby's delivery				Difficult- Easy	3.22	1.50		22	
Have other children				Yes			3	22	
				No			19		
Currently pregnant				Yes			2	22	
				No			20		
Child experience	No experiences	4.30	.948	No experiences	4.22	1.06			.185
	A great deal			A great deal					
Equip Childcare	Unprepared	3.90	1.10	Unprepared	4.54	.595			-1.74*
	Well prepared			Well prepared					
Prefer support ¹									
	Baby's dad		1					10	17
	Boyfriend		1				7		
	Brother						1		
	Fiancé		1						
	Grandma		1						
	Husband		1				1		
	Mother		4				6		
	Sister		1				2		

¹ Missing variables are due to missing values or items that did not apply to the teen.

* $p < .01$

** $p < .001$

($n=3$) had already had a second child; others ($n=2$) were pregnant again (see Table 2).

Both groups rated how much experience they had with infants and young children, ranging from no experience=1 to a great deal=5. There was no significant difference between the groups; both groups felt they had much experience (pregnant teens, $M=4.30$, $SD=.948$; parenting teens, $M=4.22$, $SD=1.06$). Parenting teens scored significantly higher than pregnant teens in their reports of how well prepared/equipped they were with childcare abilities (pregnant group, $M=3.90$, $SD=1.10$; parenting group, $M=4.54$, $SD=.595$), $t=1.74$, $p<.01$ (see Table 2). Also, there was a significant correlation between being experienced with children and feeling competent in their abilities with children ($r=.355$, $p<.05$), which would be expected.

Teens' Level of Perceived Support by Sources

As shown in Table 3, the ISSB total scores were not significantly different for the pregnant and parenting groups of teens. In this measure the teen responded to how often people have assisted them with the content of the items in the past four weeks in terms of their social support, emotional support, and financial support. Their mean scores ($M=3.75$, $SD=.891$; $M=3.36$, $SD=.956$, respectively) indicated that both groups said they received support (i.e., social support, financial support, emotional support) more than once a week (3=about once a week, 4=several times a week).

Table 3 also shows the variety of support people (sources) across a variety of support types and the average rating of each support person for each type of support by the two groups (pregnant and parenting) using the ASSIS, which measured the teens' perception of type of social supports and their experiences of stress with those sources. In addition the

mean support scores for each person were ranked so that 1 was the highest ranked source of support within each support type. Means are presented for the overall level of support across all the support sources (people) for each type of support. There were no statistically significant differences between the two groups for any support type. However, when examining the specific sources (people) within each type, it is clear that both groups perceive the baby's father as their best source of support in almost all types of support, followed most of the time by the young women's mother. Also from examining the mean scores for each overall support type, it is clear that they feel more supported in social interactions and that their perception of interpersonal conflict from the eight sources of support is relatively low. It is also interesting that money support might be resulting from the birth of a grandchild because although the means for the two groups are not significantly different for the money area of support, the two means for money come the closest to approaching significance of any of the types of support. Richardson et al. (1991) and Davis (1997) found that teens considered mother and other family members to be more helpful in terms of social support, emotional support, and financial support, which could explain why they are ranked high compared to others. Previous studies indicated that mothers were ranked first in all social support while boyfriend rank second or third; however, in this study the majority of participants ranked boyfriend first in almost all social support areas. However, it seems important to remember that over half of the parenting teens reported that they were not in contact with the baby's father, causing one to wonder if their reports of support were reality based or if they represented wishes.

Also, as shown in table 3 there was no statistically significant difference between the two groups on overall conflict (all sources combined); however the interpersonal conflicts

Table 3

Reliability (α), Means (M), Standard Deviations (SD), and Ranks for Types and Sources of *Inventory of Socially Supportive Behavior* (ISSB) and *Arizona Social Support Interview Schedule* (ASSIS) for Young Pregnant Women and Young Parent Women and Comparisons of the Overall Scores for the Two Groups Using t -Tests

	Pregnant Teens ($n=10$)			Parenting Teens ($n=22$)			t -scores
	<i>Mean</i>	<i>SD</i>	Rank	<i>Mean</i>	<i>SD</i>	Rank	
<i>ISSB</i> ($\alpha=.970$)	3.75	.891		3.36	.956		1.08
<i>ASSIS</i> ($\alpha=.799$)	2.96	.555		3.02	.545		-.281
<u>Types and Sources</u>							
<i>Sharing Private Feeling</i> (1=Little/None, 5=the most)	3.08	.657		2.90	.696		.310
Mother	3.50	1.58	2	3.13	1.52	3	
Father	2.71	1.11	4-5	2.18	1.22	7	
Boyfriend	4.66	.500	1	3.88	1.40	1	
Teacher	1.33	.577	8	2.10	1.44	8	
Grandparent	2.71	1.38	4-5	2.35	1.45	5	
Sister	2.57	1.51	6	2.50	1.01	4	
Brother	1.42	.786	7	2.31	1.30	6	
Best friend	3.00	1.19	3	3.73	1.40	2	
<i>Money</i> (1=Not very likely, 5=the most likely)	2.78	.717		3.19	.905		-1.26
Mother	3.20	1.81	2	3.50	1.53	2	
Father	2.57	1.13	4	3.12	1.66	3	
Boyfriend	5.00	0	1	4.16	1.09	1	
Teacher	1.00	0	8	1.50	.849	8	
Grandparent	2.87	1.35	3	3.00	1.64	4-5	
Sister	2.00	1.19	6	2.69	1.25	6	
Brother	1.37	1.06	7	2.50	1.59	7	
Best friend	2.37	1.30	5	3.00	1.23	4-5	
<i>Advice</i> (1=Little/None, 5=the most)	3.07	.861		3.17	.832		-.296
Mother	3.70	1.76	2	3.57	1.39	2	
Father	3.00	1.41	4	2.75	1.57	6	
Boyfriend	4.44	1.13	1	3.58	1.41	1	
Teacher	2.25	1.89	7	2.50	1.56	7-8	
Grandparent	3.14	1.77	3	3.06	1.43	4	
Sister	2.62	1.84	6	2.84	1.40	5	
Brother	1.50	.755	8	2.50	1.46	7-8	
Best friend	2.75	1.66	5	3.23	1.60	3	
<i>Social Interaction</i> (1=Not very likely, 5=the most likely)	3.33	.928		3.20	.947		.368
Mother	3.30	1.76	2	2.80	1.53	5	
Father	3.00	1.41	5	2.50	1.21	6	
Boyfriend	4.88	.333	1	4.29	1.15	1	
Teacher	1.00	0	7	1.70	1.49	8	
Grandparent	2.87	1.64	6	2.26	1.38	7	

Sister	3.12	1.64	4	3.20	1.52	3	
Brother	2.87	1.64	6	2.83	1.54	4	
Best friend	3.25	1.58	3	4.00	1.41	2	
<i>Interpersonal Conflicts</i> (1=Lot very likely, 5=the most likely)	2.04	.711		2.14	.710		-.366
Mother	1.90	1.28	3	2.80	1.53	2	
Father	1.87	1.35	4	2.25	1.12	3	
Boyfriend	2.00	1.00	2	2.81	1.64	1	
Teacher	1.33	.577	6	2.11	1.53	5	
Grandparent	1.62	1.06	5	1.86	1.30	6	
Sister	2.12	1.35	1	2.21	1.42	4	
Brother	2.12	1.12	1	2.12	1.20	7	
Best friend	1.87	1.35	4	1.72	.894	8	
<i>*Overall Financial support</i> (6=More than 2yrs ago, 1=no support 2yrs ago)	3.48	.750		3.36	.920		.345
Mother	3.50	1.84	5	3.22	1.63	7	
Father	2.87	.991	6	3.33	1.49	5	
Boyfriend	4.44	.881	1	3.78	1.12	1	
Teacher	3.50	2.12	5	2.42	1.51	8	
Grandparent	3.75	1.38	3	3.28	1.20	6	
Sister	3.28	1.49	6	3.58	.996	3	
Brother	3.85	1.21	2	3.50	1.17	4	
Best friend	3.57	.975	4	3.69	1.03	2	
<i>*Overall Social and Emotional Support</i> (6=More than 2yrs ago, 1=no support 2yrs ago)	3.73	.915		3.68	.636		.158
Mother	4.50	.925	2	4.22	1.16	1	
Father	3.12	1.12	7	3.31	1.13	6	
Boyfriend	4.75	.462	1	4.06	1.09	2	
Teacher	2.66	2.08	8	2.90	1.59	8	
Grandparent	3.33	1.41	5	3.25	1.12	7	
Sister	4.00	1.00	3	3.58	.792	5	
Brother	3.83	1.32	4	3.69	.854	3	
Best friend	3.25	.707	6	3.68	1.01	4	

* Each of the eight sources of Overall Financial Support and Overall Emotional and Social Support in the ASSIS were reverse coded so that 5=hi scores and 1=low scores.

each group face are numerically different when examining the means (1=low, 5=high) for each source. Pregnant teens reported their sister ($M=2.12$, $SD=1.35$), brother ($M=2.12$, $SD=1.12$), and boyfriend ($M=2.00$, $SD=1.00$) were likely to create stress while mom ($M=1.90$, $SD=1.28$) and best friend/father ($M=1.87$, $SD=1.35$; $M=1.87$, $SD=1.35$) and others were less likely to create stress. Parenting teens gave relatively high stress scores to boyfriend ($M= 2.81$, $SD=1.64$), mom ($M=2.80$, $SD=1.53$), father ($M=2.25$, $SD=1.12$), sister ($M= 2.21$, $SD=1.42$), teacher ($M=2.11$, $SD=1.53$) and brother ($M=2.12$, $SD=1.20$) and lower stress ratings to grandparent ($M=1.86$, $SD=1.30$) and best friend ($M=1.72$, $SD=.894$). The parenting teens are consistent here in giving the highest stress ratings to the boyfriend/father of the child.

Control of the way she rears her child might be a likely source of a stress for the parenting teens. In addition, the numeric levels of stress were greater for the parenting teens, even though the differences were not statistically significant. Cramer et al. (1996) explained that even though these teens receive social support they also encounter conflicts from supporters due to unfulfilled expectations from family including boyfriends. Culp et al. (2006) explained that the teen's mother has conflicts with her daughter due to differences in parenting methods which hinder the teen's process of learning how to take care of and raise a child. Larson (2004) pointed out that boyfriends were also conflicted about parenting styles which may cause stress for parenting teens. Research by Apfel et al. (1991) may explain why conflict arose for these parenting teens as they took on the parental model that they learn from supporters. Once they learn those skills of taking care of and interacting with their baby, conflict arises and stress occurs possibly due to differences between the teen mother and others in her environment in the practices and style of raising the baby.

The MSQ asked about support for household responsibilities, advice and counseling support, and emotional support. The two groups were not statistically different on these types of support; however, in all cases, the parenting teens reported numerically less support than the pregnant teens (see Table 4).

Levels of Financial, Social, and Emotional Support Two Years Ago and Now

Table 3 the ASSIS also asks about the amount of support in various areas received now vs. two years ago. The pregnant teens reported about the same overall financial support now as two years ago from their boyfriend and the parents, but mostly their support was about the same or even less than two years ago. Parenting teens appeared to be getting no more and maybe a little less financial support than two years ago. In overall social and emotional support, the pregnant teens said that their boyfriend, mother, and sister provided about the same support as previously. Parenting teens' mother and boyfriend gave about the same amount of support both now and two years ago. It appeared that while the pregnant teens were getting as much help from their boyfriend and mother as two years ago, the parenting teens were not as well supported now as previously; however, the differences did not approach significance statistically.

Expectations for Relationship and Support

As shown in Table 4, there were no significant differences statistically between the two groups in terms of their overall relationship and support expectations from all the people in their lives. Pregnant and parenting teens had high expectations for relationships. But for support expectations, pregnant teens rated hoping to receive support a few times a week from parents, baby's father, and in-laws the highest unlike parenting teens who expected help from

Table 4

Reliability (α), Means (M), Standard Deviations (SD), and Ranks for *Maternal Support Questionnaire* (MSQ) for Pregnant and Parenting Teens and Comparisons of the Overall Scores for the Two Groups Using t -Tests

	Pregnant Teens (<i>n</i> =10)			Parenting Teens (<i>n</i> =22)			<i>t</i> -scores
	<i>Mean</i>	<i>SD</i>	Rank	Mean	SD	Rank	
<i>MSQ</i> (α =.860)							
Types and Sources							
<i>Household Responsibilities</i> (1= None, 5=a great deal)	3.48	.981		3.05	.970		1.15
Husband/Baby's father	4.60	.699	1	3.31	1.73	2	
Parents	4.10	1.28	2	3.59	1.62	1	
In-laws	3.88	1.45	3	2.53	1.24	6	
Friends	3.00	1.33	4	3.10	1.55	4	
Sisters/brothers	3.00	1.58	4	3.28	1.45	3	
Relatives	3.00	1.58	4	2.71	1.38	5	
Teachers	2.00	2.00	5	1.72	1.34	7	
<i>Advices/Counseling</i> (1= None, 5=a great deal)	3.38	.901		3.33	1.00		.120
Husband/Baby's father	4.40	1.07	2	3.05	1.63	5	
Parents	4.00	1.33	3	4.04	1.32	1	
In-laws	3.66	1.50	4	2.68	1.44	7	
Doctors/nurses	4.50	.971	1	3.47	1.40	3	
Friends	2.90	1.28	5	3.50	1.46	2	
Sisters/brothers	2.77	1.56	6	3.22	1.54	4	
Relatives	2.11	1.16	7	2.84	1.46	6	
Teachers	1.00	.000	8				
<i>Emotional Support</i> (1= None, 5=a great deal)	3.80	.821		3.27	.895		1.57
Husband/Baby's father	4.90	.316	1	3.38	1.46	4	
Parents	4.60	.966	2	4.09	1.01	1	
In-laws	4.22	1.56	3	2.72	1.48	7	
Doctors/nurses	3.70	1.33	4	2.94	1.43	6	
Friends	3.60	1.34	5	3.55	1.35	2	
Sisters/brothers	3.22	1.64	6	3.45	1.26	3	
Relatives	3.33	1.65	7	3.04	1.28	5	
Teachers	1.25	.500	8	2.15	1.51	8	
<i>Babysitting</i> (1= None, 5=a great deal)	2.94	1.00		3.33	1.00		-.015
Husband/Baby's father	4.80	.421	1	2.52	1.43	6	
Parents	3.70	1.76	2	3.68	1.42	1	
In-laws	3.44	1.58	3	2.83	1.38	5	
Doctors/nurses	1.22	.666	7	1.70	1.31	8	
Friends	2.60	1.50	5	3.25	1.44	3	
Sisters/brothers	2.88	1.69	4	3.33	1.49	2	
Relatives	2.20	1.54	6	2.90	1.37	4	

Teachers	1.00	.000	8	2.07	1.55	7	
<i>Overall relationship expectations</i> (1= Very negative, 5= very positive)	4.19	.695		4.09	.799		.339
Husband/Baby's father	4.90	.316	1	4.25	1.29	2	
Parents	4.80	.421	2	4.31	.945	1	
In-laws	4.50	1.26	3	3.75	1.23	7	
Doctors/nurses	3.90	1.37	5	4.14	.727	3	
Friends	4.00	1.15	4	4.09	1.22	4	
Sisters/brothers	3.66	1.41	6	4.04	1.25	5	
Relatives	3.90	1.37	5	3.90	1.19	6	
Teachers	3.00	2.00	7	3.58	1.37	8	
<i>Overall Support Expectations</i> (Pregnant)/Support Now Receive (Parenting) (1= Less than once a month, 5= once a day)	3.46	.971		3.36	.913		.289
Husband/Baby's father	4.90	.316	1	3.35	1.84	4	
Parents	4.30	1.15	2	4.22	1.30	1	
In-laws	4.11	.927	3	2.81	1.51	6	
Doctors/nurses	3.11	1.69	4	2.52	1.57	7	
Friends	2.80	1.75	5	3.45	1.39	3	
Sisters/brothers	2.66	1.50	7	3.63	1.43	2	
Relatives	2.77	1.64	6	3.31	1.52	5	
Teachers	1.33	.577	8	2.45	2.01	8	

parents while little or none from others. This might have resulted from their previous experiences. The pregnant teens expected a great deal of baby sitting from the baby's father ($M=4.80$, $SD=.421$) but the parenting teens expected much less ($M=2.52$, $SD=1.43$) also probably influenced by their experience.

Perceptions and Attitudes About Pregnancy and Motherhood

Table 5 shows the Idealization of Pregnancy and Parenthood subscales, items, and means associated with pregnant and parenting teens. The two groups were not significantly different statistically in their overall means for idealization of pregnancy ($M=3.50$, $SD=.520$; $M=3.23$, $SD=.568$, respectively) or for idealization of parenthood ($M=2.81$, $SD=.506$; $M=2.78$, $SD=.607$).

Parenting teens had lower idealization of pregnancy than did the pregnant teens for almost every item, even though the overall differences were not statistically significant. Previous research has shown that pregnant teens had more idealization and false beliefs about pregnancy than parenting. It seems that because they are young and inexperienced they have higher idealization. Condon et al. (2001a) found males to have more false belief than females similar to the pregnant teens in this study.

In the idealization of parenthood subscale, the pregnant and parenting teens were not significantly different. Both were highest on the individual item concerning the belief that children's outcome is due to parents. Parenting teens agreed that parenting is enjoyable while pregnant teens did not know. Both groups were realistic that becoming a mother will change a woman's lifestyle. Condon et al. (2001a) found higher idealization for parenting for certain items (most men do resent attention given to baby, parenting is not fun, it unusual for parent

Table 5

Reliability (α), Means (M), Standard Deviations (SD), and Range for *Idealization of Pregnancy and Parenthood Scale* (IPPS) and Comparisons of the Overall Factor Scores for the Two Groups Using *t*-Tests

	Pregnant Teens ($n=10$)		Parenting Teens ($n=22$)		<i>t</i> -scores
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	
<i>Idealization of Pregnancy</i> ($\alpha=.730$) (5=Strongly agree, 1=strongly disagree)	3.50	.520	3.23	.568	1.61
Women feel better during pregnancy	2.50	.707	3.13	1.28	
Couple is closer during pregnancy	4.40	.516	3.54	.962	
Adjust well during pregnancy	2.80	1.31	2.45	1.10	
Men form an emotional attach to unborn	4.20	1.22	2.95	.998	
Easy to quit smoking during pregnancy	3.50	1.50	2.95	1.21	
Pregnancy is happiest time	4.20	.918	3.59	1.18	
Men feel closer to partner during pregnancy	4.00	.666	3.14	1.27	
A pregnant woman not angry with unborn baby	3.70	1.05	3.72	1.24	
<i>Idealization of Parenthood</i> ($\alpha=.729$) (5=Strongly agree, 1= strongly disagree)	2.81	.506	2.78	.607	.128
Baby complete marriage	3.50	1.26	2.45	1.05	
Children improve marriage	3.30	1.33	3.14	.963	
Outcome of children due to parents	4.50	.707	4.27	.935	
Being a competent parent is easy	3.40	1.07	3.36	1.36	
Parenting is enjoyable	3.70	1.33	4.22	.922	
Parent can cope with changes after birth of baby	3.10	1.10	3.14	1.23	
Becoming a mom doesn't change lifestyle	2.60	1.07	2.50	1.37	
Most men don't resent attention to baby	3.60	1.26	3.18	1.09	
Becoming a dad doesn't change lifestyle	2.40	.966	2.40	1.25	

Note: all items except 2 (which were ultimately dropped from the factor) were reverse coded so that 5 = high idealization and 1 = low idealization. Items 2, 7, 9, and 19 were omitted due to poor factor loading and reliability.

to want to hurt baby, and children will turn out well if have good parents). Condon et al. (2001b) also reported that intervention may lower young adult idealization about parenthood and pregnancy and should be considered for school intervention in sex education class.

The MAS also asked about the teens' attitudes and perceptions about infants and children. This measure was analyzed using factors from a previous analysis with a larger sample but with some items deleted to enhance the reliability of the factors. The two groups were not statistically different for any of the four factors (warmth, demands, positive child mind set, and understanding child) nor for the overall score (see Table 6).

Relationships Between Social Support, Stress, and Perception of Motherhood

Table 7 shows the correlations between the measures of support, stress, and perception of motherhood for the combined group of 32 teens (both pregnant and parenting). Because there had been almost no statistically significant findings between the pregnant and parenting teens on any of the measures, the two groups of teens were combined for this correlation analysis to increase the sample size, but none of the correlations were statistically significant.

Table 6

Reliability (α), Means (M), Standard Deviations (SD), and Range for *Maternal Attitude Scale* Factors and Individual Items for Pregnant and Parenting Teens and Comparisons of the Overall Factor Scores for the Two Groups Using t -Tests

	Pregnant Teens ($n=10$)		Parenting Teens ($n=22$)		t -scores
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	
<i>Warmth</i> ($\alpha=.591$)	4.26	1.06	3.96	1.31	.642
Newborn doesn't cry unless something is wrong	4.60	1.50	3.95	1.81	
Comfort babies when cries	4.50	1.95	4.40	1.86	
Pick up baby when cries	3.70	1.41	3.47	1.36	
<i>Demands</i> ($\alpha=.667$)	4.06	1.09	3.06	1.26	2.17
Taking care of baby is work	4.50	1.43	3.42	1.63	
It's frustrating to take care of infant because they can't tell you about their needs	4.00	1.56	2.72	1.72	
Children are hard to take care when younger	3.70	1.88	2.95	1.39	
<i>Positive Mind Set for Child</i> ($\alpha=.803$)	3.98	1.28	3.91	1.14	.136
Mom's please to see baby doesn't like other to hold but her	3.90	1.59	3.86	1.78	
Baby cries when left with babysitter	4.40	1.17	4.18	1.53	
Encourage using imagination	4.50	2.01	4.18	1.70	
Toddler have right to express opinion freely	4.30	1.94	4.04	1.46	
Often child's anger is justified	2.80	1.22	3.31	1.28	
<i>Understanding Child</i> ($\alpha=.743$)	2.92	1.18	3.47	1.12	-1.27
Children ask a lot of questions that doesn't concern them	2.40	1.34	3.22	1.34	
Child act like they are important in household	3.10	1.52	3.81	1.65	
Children like to test rules with parents	2.80	1.39	3.13	1.64	
Young children ask too many questions	3.40	1.77	3.72	1.48	

Note: Items were originally coded so that 1=strongly disagree and 6 = strongly agree; however, all items used in the final analysis were reverse coded so 6 = high (strongly agree) and 1 = low (strongly disagree) except for items 21, 25, 34, and 35, the four items in the Understanding Child factor, which were not reverse coded since they were negatively worded and the factor name is positive; some items were omitted due to poor factor loading or reliability.

Table 7

Means (*M*), Standard Deviations (*SD*), and Correlations for Total *Inventory of Social Supportive Behavior* (ISSB), Total *Maternal Attitude Scale* (MAS), Total Stress (TS), and Total *Idealization of Pregnancy and Parenthood Scale* (IPPS) for Pregnant and Parenting Teens

	1	2	3	4
1. ISSB (<i>M</i> =3.35, <i>SD</i> =1.00, <i>N</i> =32)		-.284	-.178	.144
2. MAS (<i>M</i> =3.66, <i>SD</i> =.613, <i>N</i> =32)			.347	.003
3. TS (<i>M</i> =2.11, <i>SD</i> =.700, <i>N</i> =31)				.270
4. IPPS (<i>M</i> =3.28, <i>SD</i> =.551, <i>N</i> =32)				

LIMITATIONS

It was very difficult to obtain an adequate sample of pregnant and parenting teens for this study. In the end, I had to stop collecting data because more than a year had passed and locating new potential participants for this research in the given geographic area did not seem very promising. Although I did not have enough teens to adequately measure the large numbers of items and analyze the data in a meaningful way, I did analyze my data and made comparisons with other studies. Due to the small sample size and the way the teens were located (they were not a random sample) the findings are limited to these or similar participants and cannot be fully generalized to others without caution.

Another limitation involved allowing a few of the older teens to take the instrument home with them to complete it when the weather conditions did not allow the researcher to travel around the state to the WIC sites. Although it appeared that this did not impact the way they responded, it was different in method from the way most of the teens responded at the center or agency.

The IPPS was a new instrument added to this packet of questionnaires that Crase and Stockdale (1989) had brought together to use in their research on teen pregnancy. For some of the IPPS items, the teens often appeared not to understand the meaning of the items, which could explain why both groups had similar idealization of pregnancy and parenthoods. It is possible that the responses to this portion of the questionnaire are not truly meaningful.

CONCLUSIONS

Many studies have investigated the social support of pregnant and parenting teens. However, I wanted to investigate these young women's perception of types and levels of social support and their experience with stress from those support sources. I was also interested in the amount of stress they perceived from the various support sources. In addition, I looked for a relationship between their perceived total support and their attitudes about motherhood and any correlation among the factors (social support, stress, and perception of motherhood) for the group.

Although there were few differences between the two groups on many of the support variables, on their attitudes about motherhood, and their perceptions of motherhood, they were significantly different in how much contact they have with the baby's father. This might be one of the most telling items relative to support in that both groups appeared to value the baby's father/boyfriend as a source of support, but the teen mothers had much less contact with the baby's father, making one wonder about what was happening to this unit of mother, father, and child after the baby was born.

In conclusion, pregnant teens and parenting teens actually share similar ideals and expectations about social support and attitude about motherhood. These findings show that the perceptions of these two groups are somewhat more identical than previous studies had found them to be. Furthermore, from these teens' experiences with infants and young children, they appeared to be more realistic about motherhood than previous researchers had found.

This study provided useful information about Iowa teens who are pregnant and parenting and validated in some ways some of the findings from previous studies from different parts of the country and even around the world. I hope in the future more helpful

research can be done in order to learn more about these young women and how we can assist them in choices and ensure them of a brighter future. These are the mothers of the children who will populate our schools, our institutions, and our workplaces in the future; these mothers are rearing the parents of tomorrow's children and we need to remain concerned about their needs – physical, social, emotional, educational, and financial needs. And the best way to assure that these young mothers come into the resources that other parents have access to is to begin to better understand their needs, to make policies based on those needs, and to implement these policies to enhance their lives so that they will be able to maximize their potential for rearing strong, healthy, children.

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APPENDIX A

Adolescent Personal and Social Inventory Sedahlia Jasper Crase and Dahlia F. Stockdale Adapted by Sedahlia Jasper Crase and Cindy Vo

Section 1. The questions in this section are about characteristics of you and your family. Place a check mark in the blank next to your answer or fill in the blank.

1. Your age now: _____
- 2a. Are you currently in high school? Yes ____ No ____
- 2b. If yes, what is your year in high school?
 _____ Freshman _____ Sophomore _____ Junior _____ Senior
- 2c. If no, what is the year you last attended?
 _____ Freshman _____ Sophomore _____ Junior _____ Senior
3. What is your marital status?
 _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed
4. What is your race or ethnic background?
 _____ Caucasian _____ Hispanic _____ African American _____ Asian
 _____ Native American _____ Other (please state): _____
6. What is the current marital status of you biological or adopted mother?
 _____ Single _____ Married _____ Separated
 _____ Divorced _____ Remarried _____ Deceased
7. What is the current marital status of your biological or adopted father?
 _____ Single _____ Married _____ Separated
 _____ Divorced _____ Remarried _____ Deceased
8. Check the highest level of education completed by:

Your Father	Your Mother	
_____	_____	Junior high school or less
_____	_____	Some high school
_____	_____	High school graduate
_____	_____	Some college or technical school
_____	_____	College graduate
_____	_____	Graduate or professional degree

The following three questions refer to your unborn child's father, *if you are currently pregnant*. Or if you *have already had your baby*, these questions refer to the baby's father:

9. What is the age of your baby's father in years? _____
10. What is your relationship with your baby's father?

_____ Married and living together	_____ Married and not living together(separated)
_____ Living together and not married	_____ Not living together and not married
_____ Divorced from him	_____ Widowed
_____ No relationship	_____ Other (please specify): _____

11. What is the extent of your contact with your baby's father?

- ☐ See him every day ☐ See him once a week
☐ See him 2 or 3 times a week ☐ See him rarely (once or twice a month)
☐ Never see him

Please answer *either* #12 or # 13 below, depending on whether you are pregnant or have already had your baby.

12. Answer this *if you are pregnant*: How would you rate your school attendance since you became pregnant?

- ☐ Went almost every day ☐ Missed 3 days a week ☐ Missed a day a week
☐ Hardly ever went ☐ Missed 2 days a week ☐ Doesn't apply (not in school)

13. Answer this *if you have already had your baby*: How would you rate your school attendance since your baby was born?

- ☐ Went almost every day ☐ Missed 3 days a week ☐ Missed a day a week
☐ Hardly ever went ☐ Missed 2 days a week ☐ Doesn't apply (not in school)

14. What are all the sources of your financial support?

- ☐ Your job ☐ Other financial aid
☐ Spouse's job ☐ Social services
☐ Savings ☐ Loans
☐ Money from parents ☐ Scholarships
☐ Other income, please specify source: _____

Section 2. Please respond to the following questions about your baby *only if you have already had your baby and are not currently pregnant*. If you have not had your baby, skip to page.

1. Your age at birth of baby? _____

2. How would you rate your pregnancy? _____

1	2	3	4	5
Difficult		Average		Easy

3. How would you rate you delivery? _____

1	2	3	4	5
Difficult		Average		Easy

4. Do you have other children? Yes _____ No _____

5. Are you currently pregnant? Yes _____ No _____

Section 3. We are interested in learning about some of the ways you feel people have helped you or made life more pleasant for you over the past four weeks. Below you will find a list of activities that other people might have done for you, to you, or with you recently. Please read each item carefully and indicate how often these activities happened to you during the past four weeks.

Use the following scale to make your ratings:

- 1= Not at all*
2= Once or twice
3= About once a week
4= Several times a week
5=About every day

During the past four weeks, how often did other people do these activities for you, to you, or with you?

- _____ 1. Was right there with you (physically) in a stressful situation.
- _____ 2. Provided you with a place where you could get away for awhile.
- _____ 3. Watched after your possessions when you were away (pets, plants, home apartment, etc.)
- _____ 4. Told you what she/he did in a situation that was similar to yours.
- _____ 5. Did some activity with you to help you get your mind off of things.
- _____ 6. Talked with you about some interests of yours.
- _____ 7. Let you know that you did something well.
- _____ 8. Went with you to someone who could take action.
- _____ 9. Told you that you are OK just the way you are.
- _____ 10. Told you that she/he would keep the things you talk about private--just between the two of you.
- _____ 11. Assisted you in setting a goal for yourself.
- _____ 12. Made it clear what was expected of you.
- _____ 13. Expressed esteem or respect for a competency or personal quality of yours.
- _____ 14. Gave some information on how to do something.
- _____ 15. Suggested some action that you should take.
- _____ 16. Loaned you money that you needed.
- _____ 17. Comforted you by showing you some physical affection.
- _____ 18. Gave you some information to help you understand a situation you were in.
- _____ 19. Provided you with some transportation.
- _____ 20. Checked back with you to see if you followed the advice you were given.

Use the following scale to make your ratings:

1= Not at all
2= Once or twice
3= About once a week
4= Several times a week
5=About every day

During the past four weeks, how often did other people do these activities for you, to you, or with you?

- ____ 21. Gave you money you needed.
- ____ 22. Helped you understand why you didn't do something well.
- ____ 23. Listened to you talk about your private feelings.
- ____ 24. Loaned or gave you something (a physical object other than money) that you needed.
- ____ 25. Agreed that what you wanted to do was right.
- ____ 26. Said things that made your situation clearer and easier to understand.
- ____ 27. Told you how he/she felt in a situation that was similar to yours.
- ____ 28. Let you know that he/she will always be around if you need assistance.
- ____ 29. Expressed interest and concern in your well-being.
- ____ 30. Told you that she/he feels very close to you.
- ____ 31. Told you who you should see for assistance.
- ____ 32. Told you what to expect in a situation that was about to happen.
- ____ 33. Taught you how to do something.
- ____ 34. Gave you feedback on how you were doing without saying it was good or bad.
- ____ 35. Joked and kidded to try to cheer you up.
- ____ 36. Provided you with a place to stay.
- ____ 37. Pitched in to help you do something that needed to get done.

From Barrera, M., 1981.

Section 4. We would like to get an idea of who is important in your life. After you read each description, please write the number in the blank that best indicates how you feel about each person in the list.

1. If you wanted to talk to someone about things that are very personal and private, how much would you use the following persons.

1= Little or none
2= Somewhat
3= Very much
4= Extremely much
5= The most
6= Does not apply

_____ Mother _____ A teacher _____ A sister _____ Father _____ Best friend
 _____ A brother _____ Boyfriend _____ A grandparent _____ Other _____
 (How are you related?)

2. How likely would the following persons give you a loan of \$25.00?

1= Not very likely
2= Likely
3= Very Likely
4= Extremely likely
5= The Most likely
6= Does not apply

_____ Mother _____ A teacher _____ A sister _____ Father _____ Best friend
 _____ A brother _____ Boyfriend _____ A grandparent _____ Other _____
 (How are you related?)

3. If a situation came up when you needed some advice, how much would you use the following persons?

1= Little or none
2= Somewhat
3= Very much
4= Extremely much
5= The most
6= Does not apply

_____ Mother _____ A teacher _____ A sister _____ Father _____ Best friend
 _____ A brother _____ Boyfriend _____ A grandparent _____ Other _____
 (How are you related?)

4. How likely would you be to get together with the following people to have fun or relax?

1= Not very likely
2= Likely
3= Very likely
4= Extremely likely
5= The most likely
6= Does not apply

_____ Mother _____ A teacher _____ A sister _____ Father _____ Best friend
 _____ A brother _____ Boyfriend _____ A grandparent _____ Other _____
 (How are you related?)

5. How likely do the following people cause you stress?

- 1= Not very likely*
2= Likely
3= Very likely
4= Extremely likely
5= The most likely
6= Does not apply

_____ Mother _____ A teacher _____ A sister _____ Father _____ Best friend
 _____ A brother _____ Boyfriend _____ A grandparent _____ Other _____
 (How are you related?)

6. Of the following people, compare the financial support you received from these people 2 years ago with the support you receive now.

- 1= A lot more support 2 years ago*
2= Some more support 2 years ago
3= About the same amount of support both now and then
4= Some less support 2 years ago
5= A lot less support 2 years ago
6= No support 2 years ago

_____ Mother _____ A teacher _____ A sister _____ Father _____ Best friend
 _____ A brother _____ Boyfriend _____ A grandparent _____ Other _____
 (How are you related?)

7. Of the following people, compare the social and emotional support you received from these people 2 years ago with the support you receive now.

- 1= A lot more support 2 years ago*
2= Some more support 2 years ago
3= About the same amount of support both now and then
4= Some less support 2 years ago
5= A lot less support 2 years ago
6= No support 2 years ago

_____ Mother _____ A teacher _____ A sister _____ Father _____ Best friend
 _____ A brother _____ Boyfriend _____ A grandparent _____ Other _____
 (How are you related?)

8. If you were given a choice, who would you prefer to go to for social support regardless of whether he or she is currently supporting you? _____

From Barrera, M., 1981.

Section 5. The following statements represent matters of interest and concern to parents and people considering becoming parents. Not all people feel the same way about them. *Read each statement carefully and write the number in the blank which most closely reflects YOUR degree of agreement or disagreement.* Try to answer all statements without skipping items or looking back.

1	2	3	4	5	6
<i>Strongly agree</i>	<i>Moderately agree</i>	<i>Slightly agree</i>	<i>Slightly disagree</i>	<i>Moderately disagree</i>	<i>Strongly disagree</i>

_____ 1. Holding and caressing a baby when she/he cries is good for her/him.

_____ 2. A newborn baby doesn't cry unless something is wrong.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>
<i>Strongly</i>	<i>Moderately</i>	<i>Slightly</i>	<i>Slightly</i>	<i>Moderately</i>	<i>Strongly</i>
<i>agree</i>	<i>agree</i>	<i>agree</i>	<i>disagree</i>	<i>disagree</i>	<i>disagree</i>

- _____ 3. Newborn babies are fragile and delicate and must be handled extremely carefully.
- _____ 4. Taking care of a baby is much more work than pleasure.
- _____ 5. A mother doesn't really think of her baby as a person until it begins to smile and recognize people.
- _____ 6. It is a terribly frustrating task to care for a newborn infant, because she/he can't let you know what she/he needs.
- _____ 7. When a child cries, his/her parents should comfort him/her.
- _____ 8. Babies are more difficult to take care of when they are very young than when they are older.
- _____ 9. One problem about having babies is that you can't do the things you liked to do before the baby was born.
- _____ 10. In deciding when the baby is really ready to give up the bottle, a mother's judgment should be more important than what the baby seems to want.
- _____ 11. Most of the time small babies don't even understand it when their mothers smile at them.
- _____ 12. A mother is especially glad to let someone else hold her baby, but she is secretly pleased when the baby shows that it prefers her.
- _____ 13. A seven-month-old baby should be picked up when she/he cries.
- _____ 14. If a mother plays very much with her seven-month-old baby he/she will want her to be around all the time.
- _____ 15. Parents should ignore their child's crying when it is just for attention.
- _____ 16. A mother has to make great sacrifices for her child.
- _____ 17. A child should be weaned as early as possible, even though he/she may protest somewhat.
- _____ 18. While it is well to take the baby's feelings into account, she/he should learn to use a cup even if he (she) doesn't like it at first.
- _____ 19. If parents (a parent) are ready to go out for the evening and the year-old baby reacts by crying and screaming, it is best for them (her) to cancel their plans.
- _____ 20. Most of the time a one-year-old hates to let her/his mother out of her/his sight.
- _____ 21. Children seem to ask questions about things which should not concern them.
- _____ 22. A typical one-year-old baby is likely to get upset when he/she is left with a babysitter.

- | | | | | | |
|------------------------|--------------------------|------------------------|------------------------|--------------------------|------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| <i>Strongly</i> | <i>Moderately</i> | <i>Slightly</i> | <i>Slightly</i> | <i>Moderately</i> | <i>Strongly</i> |
| <i>agree</i> | <i>agree</i> | <i>agree</i> | <i>disagree</i> | <i>disagree</i> | <i>disagree</i> |
- ____ 23. Parents should encourage a child to use his/her imagination, even if it leads to fantastic ideas.
- ____ 24. A mother can easily understand how a child gets great pleasure out of taking things apart and knocking things down.
- ____ 25. Babies act like they are the most important people in the household and are always demanding things.
- ____ 26. When a child doesn't like a certain food, her/his mother should stop feeding it to her/him
- ____ 27. Children should be permitted to argue with their parents.
- ____ 28. If a child has a toileting accident after she has been toilet trained, parents should ignore it.
- ____ 29. A child should be permitted to express his/her opinions freely.
- ____ 30. Three-year-olds have a right to have and express their own opinion even if parents disagree with it.
- ____ 32. Often a child's anger toward his/her mother is justified.
- ____ 33. A mother should resist the temptation to take her young child with her whenever she feels like it.
- ____ 34. Children take great delight in annoying parents by pushing the rules to the limit.
- ____ 35. Young children seem to ask far too many questions.

From Cohler, 1967.

Section 6A. Do this section ***only if you are pregnant***. This is about the support you will have after your baby is born. Support refers to *help, assistance, information, encouragement, and acceptance you will receive after your baby's birth..* Think in terms of from the time your baby is born until about age two.

Please circle the number on the 1 to 5 scale which best represents your feelings right now.

1. *After your baby's birth*, in each area below how much assistance do you *expect* to receive from each of the following sources?

<i>None</i>	<i>Little</i>	<i>Some</i>	<i>Pretty much</i>	<i>A great deal</i>	<i>Does not apply to me</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

A. *Household Responsibilities*

- | | | | | | | |
|--------------------------------|---|---|---|---|---|---|
| a. your husband/ baby's father | 1 | 2 | 3 | 4 | 5 | 6 |
| b. your parents | 1 | 2 | 3 | 4 | 5 | 6 |
| c. your in-laws | 1 | 2 | 3 | 4 | 5 | 6 |
| d. friends | 1 | 2 | 3 | 4 | 5 | 6 |
| f. your sisters and brothers | 1 | 2 | 3 | 4 | 5 | 6 |
| g. other relatives | 1 | 2 | 3 | 4 | 5 | 6 |
| h. teachers | 1 | 2 | 3 | 4 | 5 | 6 |

After your baby's birth, in each area below how much assistance do you *expect* to receive from each of the following sources?

<i>None</i>	<i>Little</i>	<i>Some</i>	<i>Pretty much</i>	<i>A great deal</i>	<i>Does not apply to me</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

B. *Advice/Counseling*

a. your husband/ baby's father	1	2	3	4	5	6
b. your parents	1	2	3	4	5	6
c. your in-laws	1	2	3	4	5	6
d. doctors or nurses	1	2	3	4	5	6
e. friends	1	2	3	4	5	6
f. your sisters and brothers	1	2	3	4	5	6
g. other relatives	1	2	3	4	5	6
h. teachers	1	2	3	4	5	6

C. *Emotional Support*

a. your husband/ baby's father	1	2	3	4	5	6
b. your parents	1	2	3	4	5	6
c. your in-laws	1	2	3	4	5	6
d. doctors or nurses	1	2	3	4	5	6
e. friends	1	2	3	4	5	6
f. your sisters and brothers	1	2	3	4	5	6
g. other relatives	1	2	3	4	5	6
h. teachers	1	2	3	4	5	6

D. *Babysitting*

a. your husband/ baby's father	1	2	3	4	5	6
b. your parents	1	2	3	4	5	6
c. your in-laws	1	2	3	4	5	6
d. doctors or nurses	1	2	3	4	5	6
e. friends	1	2	3	4	5	6
f. your sisters and brothers	1	2	3	4	5	6
g. other relatives	1	2	3	4	5	6
h. teachers	1	2	3	4	5	6

2. Overall, how will you expect your relations to be with each of the following after your baby's birth?

<i>Very negative</i>	<i>Negative</i>	<i>No effect</i>	<i>Positive</i>	<i>Very positive</i>	<i>Does not apply to me</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

a. your husband/baby's father	1	2	3	4	5	6
b. parents	1	2	3	4	5	6
c. your in-laws	1	2	3	4	5	6
d. doctors or nurses	1	2	3	4	5	6
e. friends	1	2	3	4	5	6
f. brothers/sisters	1	2	3	4	5	6
g. other relatives	1	2	3	4	5	6
h. teachers	1	2	3	4	5	6

4. Altogether how much help and support do you expect to receive after you have your baby?

The following questions relate to your feelings about becoming a parent. Although your feelings will probably change over time, please respond the way you feel right now. Please check or circle the number on the 1 to 5 scale which best represents you feelings right now.

2. How well prepared do you feel you will be to take care of you baby? (Check one choice below)

3. How do you expect having a new child will affect the following areas of your life?

4. Being a parent will be:

☐ Extremely not enjoyable ☐ Enjoyable
☐ Not enjoyable ☐ Extremely enjoyable
☐ Somewhat enjoyable and somewhat not enjoyable

5. How much confidence do you have in yourself in each of the following areas?

How much confidence do you have in yourself in each of the following areas?									
<i>None</i>	<i>little</i>	<i>some</i>	<i>pretty much</i>	<i>a great deal</i>	<i>does not apply to me</i>				
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>				
1.	ability to care for sick baby			1	2	3	4	5	6
2.	being able to make baby happy			1	2	3	4	5	6
3.	skill in playing with baby			1	2	3	4	5	6
4.	ability to understand infant needs			1	2	3	4	5	6
5.	expression of warmth and lovingness			1	2	3	4	5	6
6.	ability to feed baby			1	2	3	4	5	6
7.	ability to soothe baby when upset			1	2	3	4	5	6
8.	ability to give baby a bath			1	2	3	4	5	6

From Hedrick, 1982.

Section 6B. Do this section *only if you have already had your baby*. This is about the support you received as a mother. Support refers to *help, assistance, information, encouragement, and acceptance a mother received after the birth of the baby*. Think in terms of from the time your baby was born until about age two.

Please circle the number on the 1 to 5 scale which best represents your feelings right now.

1. Since your baby's birth, in each area below how much assistance do you receive from each of the following sources?

<i>None</i>	<i>Little</i>	<i>Some</i>	<i>Pretty much</i>	<i>A great deal</i>	<i>Does not apply to me</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

A. *Household Responsibilities*

a. your husband/ baby's father	1	2	3	4	5	6
b. your parents	1	2	3	4	5	6
c. your in-laws	1	2	3	4	5	6
d. doctors or nurses	1	2	3	4	5	6
e. friends	1	2	3	4	5	6
f. your sisters and brothers	1	2	3	4	5	6
g. other relatives	1	2	3	4	5	6
h. teachers	1	2	3	4	5	6

B. *Advice/Counseling*

a. your husband/ baby's father	1	2	3	4	5	6
b. your parents	1	2	3	4	5	6
c. your in-laws	1	2	3	4	5	6
d. doctors or nurses	1	2	3	4	5	6
e. friends	1	2	3	4	5	6
f. your sisters and brothers	1	2	3	4	5	6
g. other relatives	1	2	3	4	5	6

Since your baby's birth, in each area below how much assistance do you receive from each of the following sources?

<i>None</i>	<i>Little</i>	<i>Some</i>	<i>Pretty much</i>	<i>A great deal</i>	<i>Does not apply to me</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

C. *Emotional Support*

a. your husband or baby's father	1	2	3	4	5	6
b. your parents	1	2	3	4	5	6
c. your in-laws	1	2	3	4	5	6
d. doctors or nurses	1	2	3	4	5	6
e. friends	1	2	3	4	5	6
f. your sisters and brothers	1	2	3	4	5	6
g. other relatives	1	2	3	4	5	6
h. teachers	1	2	3	4	5	6

D. *Babysitting*

a. your husband/ baby's father	1	2	3	4	5	6
b. your parents	1	2	3	4	5	6
c. your in-laws	1	2	3	4	5	6
d. doctors or nurses	1	2	3	4	5	6
e. friends	1	2	3	4	5	6
f. your sisters and brothers	1	2	3	4	5	6
g. other relatives	1	2	3	4	5	6
h. teachers	1	2	3	4	5	6

2. Overall, how did you *expect* your relations to be with each of the following after your baby's birth?

<i>Very negative</i>	<i>Negative</i>	<i>No relationship</i>	<i>Positive</i>	<i>Very positive</i>	<i>Does not apply to me</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

a. your husband/baby's father	1	2	3	4	5	6
b. your parents	1	2	3	4	5	6
c. your in-laws	1	2	3	4	5	6
d. doctors or nurses	1	2	3	4	5	6
e. friends	1	2	3	4	5	6
f. your sisters and brothers	1	2	3	4	5	6
g. relatives	1	2	3	4	5	6
h. teachers	1	2	3	4	5	6

3. How often did you receive support from each of the following when your baby was born?

<i>Less than once a month</i>	<i>Once a month</i>	<i>Several times a month</i>	<i>A few times a week</i>	<i>Once a day</i>	<i>Does not apply to me</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

a. your husband/baby's father	1	2	3	4	5	6
b. your parents	1	2	3	4	5	6
c. your in-laws	1	2	3	4	5	6
d. doctors or nurses	1	2	3	4	5	6
e. friends	1	2	3	4	5	6
f. your sisters and brothers	1	2	3	4	5	6
g. relatives	1	2	3	4	5	6
h. teachers	1	2	3	4	5	6

4. Altogether how much help and support did you receive after you had your baby?

_____ None _____ Some _____ A great deal
 _____ Little _____ Pretty much

The following questions relate to your feelings about being a parent. Although your feelings probably changed over time, please respond based on how you feel right now. Please check or circle the number on the 1 to 5 scale which best represents your feelings right now.

1. How much previous experiences did you have with infants or young children before your baby was born which you feel gave you an idea of what it was like to be a parent? (Check one choice below)

_____ No experience _____ Pretty much experience
 _____ Little experience _____ A great deal of experience
 _____ Some experience

2. How well prepared do you feel you are to take care of your baby? (Check one choice below)

_____ I feel very unprepared _____ I feel prepared
 _____ I feel unprepared _____ I feel very well prepared
 _____ I feel somewhat prepared and somewhat unprepared

3. How do you think having a new child has affected the following areas of your life?

	<i>Very negatively</i> 1	<i>Negatively</i> 2	<i>No effect</i> 3	<i>Positively</i> 4	<i>Very positively</i> 5	<i>Does not apply to me</i> 6			
1. relationships with friends				1	2	3	4	5	6
2. relationships with relatives				1	2	3	4	5	6
3. leisure time with boyfriend/husband				1	2	3	4	5	6
4. financial situation				1	2	3	4	5	6
5. relations with your other children				1	2	3	4	5	6
6. overall, how do you think having a new baby has affected your life?				1	2	3	4	5	6

4. Being a parent is:

_____ Extremely not enjoyable _____ Enjoyable
 _____ Not enjoyable _____ Extremely enjoyable
 _____ Somewhat enjoyable and somewhat not enjoyable

6. How much confidence do you have in yourself in each of the following areas?

	<i>None</i> <i>1</i>	<i>Little</i> <i>2</i>	<i>Some</i> <i>3</i>	<i>Pretty much</i> <i>4</i>	<i>A great deal</i> <i>5</i>	<i>Does not apply to me</i> <i>6</i>			
1. ability to care for sick infant					1	2	3	4	5
2. being able to make baby happy					1	2	3	4	5
3. skill in playing with baby					1	2	3	4	5
4. ability to understand infant needs					1	2	3	4	5
5. expression of warmth and lovingness					1	2	3	4	5
6. ability to feed infant					1	2	3	4	5
7. ability to soothe infant when upset					1	2	3	4	5
8. ability to give baby a bath					1	2	3	4	5

Idealization of Pregnancy and Parenthood Scale

J. T. Condon, C.J. Corkindale, and J. Donovan

These questions ask about *your* feelings and others' feeling about babies and pregnancy. Please rate the following items using the 1 to 5 scale.

<i>Strongly</i>		<i>Have no</i>		<i>Strongly</i>
<i>Agree</i>	<i>Agree</i>	<i>Idea at all</i>	<i>Disagree</i>	<i>Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

- _____ 1. Most women feel better emotionally when they are pregnant.
- _____ 2. Men tend to find their partners' pregnancies quite stressful.
- _____ 3. A couple's relationship is usually closer during pregnancy.
- _____ 4. It is easy for a woman to adjust to the physical and emotional changes of pregnancy.
- _____ 5. Most men feel emotionally involved towards their unborn baby.
- _____ 6. Having a baby makes a marriage complete.
- _____ 7. Almost all women feel very affectionate towards their newborn baby when they first see him/her.
- _____ 8. Most women who smoke find it easy to quit if they get pregnant.
- _____ 9. Childless couples tend to end up lonely and unhappy.
- _____ 10. Pregnancy is one of the happiest times in most women's lives.
- _____ 11. During pregnancy, men feel closer to their partners than at most other times.
- _____ 12. A pregnant woman would never feel anger towards her unborn baby.
- _____ 13. Having children usually improves the marital relationship.
- _____ 14. Children will turn out well if they have caring parents.
- _____ 15. You don't have to learn how to be a competent parent – it just comes naturally.
- _____ 16. Parenting is almost always enjoyable.
- _____ 17. Parents instinctively know how to cope with changes that occur in their lives after the birth of a new baby.
- _____ 18. Becoming a mother need not change a woman's lifestyle.
- _____ 19. It is very unusual for parents to feel angry enough to want to physically hurt their young baby.
- _____ 20. Most men don't resent the attention their partner gives to the baby.
- _____ 21. Becoming a father need not change a man's lifestyle.

APPENDIX B

Institutional Review Board Permission to Conduct Research

For IRB Use Only	Modification Approval Date _____	IRB SEP 05 2007
	Continuing Review Approval Date <u>Sept. 29, 2007</u>	
	Approval Expiration Date: <u>Sept. 29, 2008</u>	

ISU HUMAN SUBJECTS CONTINUING REVIEW AND/OR MODIFICATION FORM

TYPE OF SUBMISSION: ☒ Continuing Review ☐ Modification ☐ Continuing Review and Modification

Principal Investigator: Cindy Vo		Phone: 515-231-6067
Degree: Master of Science	Correspondence Address: 1108 S. 4 th Street Ames, IA 50010	
Department: HDFS	E-mail Address: <u>ASL93457@YAHOO.COM</u>	
Project Title: Pregnant and Parenting Teens' Attitudes toward Pregnancy and Motherhood and Their Preceptions of Social Support		
IRB ID: 05-260	Date of Last Continuing Review: September 30, 2006	
IF STUDENT PROJECT		
Name of Major Professor: Sedahlia J. Crase		Phone: 294-6135
Department: HDFS		Campus Address: 2361C Palmer
		E-mail Address: sedahlia@iastate.edu

FUNDING INFORMATION:

<input type="checkbox"/> External Grant/Contract	<input type="checkbox"/> Internal Support (no specific funding source) or Internal Grant (indicate name below)
Name of Funding Source:	OSPA Record ID on Gold Sheet:
<input type="checkbox"/> Part of Training, Center, Program Project Grant – Director:	Overall IRB ID No:

CONFLICT OF INTEREST

The proposed project or relationship with the sponsor require the disclosure of significant financial interests that present an actual or potential conflict of interest for investigators involved with this project. By signing this form, all investigators certify that they have read and understand ISU's Conflict of Interest policy as addressed by the ISU Faculty Handbook and made all disclosures required by it. (<http://www.provost.iastate.edu/faculty>.)

Do you or any member of your research team have a conflict of interest? ☐ Yes ☒ No
 If yes, has the appropriate disclosure form been completed? ☐ Yes ☐ No

ASSURANCE

I certify that the information provided in this application is complete and accurate and consistent with proposal(s) submitted to external funding agencies. I agree to provide proper surveillance of this project to insure that the rights and welfare of the human subjects are protected. I will report any adverse reactions to the IRB for review. I agree that modifications to the originally approved project will not take place without prior review and approval by the Institutional Review Board, and that all activities will be performed in accordance with state and federal regulations and the Iowa State University Federal Wide Assurance.

 Signature of Principal Investigator Date 9/5/07

Student Projects: Faculty signature indicates that this application has been reviewed and is recommended for IRB review.

_____ Signature of Supervising Faculty	<u>9-5-07</u> Date	_____ IRB Approval Signature	<u>9/24/2007</u> Date
For IRB Use Only	EXPEDITED per 45 CFR 46.110(b) <u>1</u> , Category <u>8</u> , Letter <u>a,c</u>		
	STUDY REMAINS EXEMPT per 45 CFR 46.101(b) _____		
	WAIVER of SIGNED CONSENT per 45 CFR 46.117(c) <u>no</u>		
	WAIVER of ELEMENTS of Consent per 45 CFR 46.116 <u>no</u>		
	VULNERABLE POPULATION per 45 CFR 46. <u>ADA</u> - <u>minors</u>		

Please answer each question. If the question does not pertain to this study, please type not applicable (N/A).

SECTION I: KEY PERSONNEL

- ☐ Yes ☒ No Have there been any personnel/staff changes since the last IRB approval was granted?
If yes, complete the following sections (Additions/Deletions) as appropriate.

Add	Delete	Last Name	First Name

Add New Row

List all members and relevant experiences of the project personnel. This information is intended to inform the committee of the training and background of the investigators and key personnel.

NAME & DEGREE(S)	POSITION AT ISU & ROLE ON PROJECT	TRAINING & DATE OF TRAINING

Add New Row

SECTION II: CONTINUING REVIEW

In addition to completing Section I: Key Personnel, please complete Section II if this is an application for Continuing Review. If this is an application for continuing review and you will be modifying your project in the future, please complete all sections of the form. If this application is only to request approval for a modification or change to your study, please complete Section I: Key Personnel and Section III: Proposed Modifications or Changes.

1. ☒ Yes ☒ No Is the research **permanently** closed to the enrollment of new subjects?
2. ☒ Yes ☒ No Have **all** subjects completed all research-related interventions?
3. ☐ Yes ☒ No Does research remain active only for long-term follow-up of subjects?
4. ☒ Yes ☒ No Are the remaining research activities limited to data analysis?
5. ☐ Yes ☒ No Subject enrollment has not begun and no additional risks have been identified.

Part A: Enrollment Status

Number of Subjects Approved by IRB: 40	Number of Subjects Consented to Date: 34
Number of Subjects Consented Since Last Continuing Review: Total: 34 Males: Females: 34	
Number of Subjects Screened: 34	Number of Subjects Lost to Follow-up:
Check if any enrolled subjects are:	Check below if this project involves either:
<input checked="" type="checkbox"/> Minors (under 18). Age Range of Minors: 14-19	<input type="checkbox"/> Existing Data/Records
<input checked="" type="checkbox"/> Pregnant Women/Fetuses	<input type="checkbox"/> Secondary Analysis
<input type="checkbox"/> Cognitively Impaired	<input type="checkbox"/> Pathology/Diagnostic Specimens
<input type="checkbox"/> Prisoners	
List Estimated Percent of the Total Enrolled That Are Minorities Below	
American Indians: n/a	Alaskan Native: n/a
Asian or Pacific Islander: n/a	African American: n/a
Black (Not of Hispanic Origin): 15%	Hispanic: n/a

APPENDIX C**Parent and Teen Letters of Consent and Debriefing Form**

Dear Parent(s) of a Teen,

We are requesting your permission to allow your teenage daughter to participate in a study we are doing as a part of Cindy Vo's Master's thesis at Iowa State University. The purpose of the study is to better understand the attitudes and needs of teens who are pregnant or parenting. We want to ask your daughter to participate since she is an expecting mother or a young mother.

If you agree to your daughter's participation in this study which involves research, we will make sure your daughter understands the purpose of the study and how the information will benefit those working with teens; she will be asked to participate, just as you are being asked to allow her to participate. If she agrees as part of a research study, she will complete the survey, which takes about 30 minutes. The researchers will be present to discuss any questions.

The benefit of this study will be its use for future researchers and human service professionals working with pregnant and parenting teens. In addition, subjects will derive the satisfaction of knowing the information they give is valuable for future teens who are pregnant or parenting and that professionals. Also, a healthy treat will be given to the teens for participating in this study.

Your daughter's participation in this study is voluntary as is your consent; she is free to quit at any time without penalty or loss of benefits to which she otherwise entitled. Teens will be asked to think about their relationships with family, friends, and the baby's father. There will be some questions that she will be uncomfortable with answering that are of personal nature because she will need to think about her relationship with these people. Should you decide not to allow your daughter to participate, there is no penalty or loss of benefits to which you or she are otherwise entitled. Her participation will be kept completely confidential; no names will be used on the surveys which will be stored in a locked file cabinet and seen only by the researchers.

Upon completion of the study, a copy of the Informed Consent Document letter (or at a minimum where one is available) shall be given to the person signing the form. Also the researcher will mailed a copy of the results based on group data (individual data will not be available) if you or your teen give an address or an e-mail address at the time of testing.

If you have questions about the study please feel free to contact Cindy Vo or Sedahlia Crase at 515-294-6135 (o) or 515-292-8842 (h). Other questions about research subjects' rights or other research-related concerns should be directed to Ginny Austin Eason, ISU's IRB Administrator, 515-294-4566, austingr@iastate.edu, or Diane Ament, Research Compliance Officer 515-294-3115, dament@iastate.edu.

Thank you for your help with this important research.

Sincerely,

Cindy Vo
Master's Student

Sedahlia Crase, Ph.D.
Major Professor

I agree to having my teenage daughter, _____, participate in the study
described above. (name)

Parent's Name (printed) _____

Parent's Signature _____ Date _____

Dear Teen,

We are requesting your permission to participate in a study we are doing as a part of Cindy Vo's Master's thesis at Iowa State University. The purpose of the study is to better understand the attitudes and needs of teens who are pregnant or parenting. We want to ask you to participate since you are either an expecting mother or a young mother.

If you agree to participate in this study which involves research, we will make sure you understand the purpose of the study and how the information will benefit those working with teens. If you agree, as part of this research study you will complete a survey, which takes about 30 minutes. The researchers will be present to go discuss any questions.

The benefit of this study will be its use for future researchers and human service professionals working with pregnant and parenting teens. In addition, subjects will derive the satisfaction of knowing the information they give is valuable for future teens who are pregnant or parenting and that professionals. Also, a healthy treat will be given to the teens for participating in this study.

Your participation in this study is voluntary as is your consent; you're free to quit at any time without penalty or loss of benefits to which you are otherwise entitled. You will be asked to think about your relationships with your family, your friends, and your baby's father. There will be some questions that you will be uncomfortable with answering that are of personal nature because you will need to think about your relationship with these people. Should you decide not to participate, there is no penalty or loss of benefits to which you are otherwise entitled. Your participation will be kept completely confidential; no names will be used on the surveys which will be stored in a locked file cabinet and seen only by the researchers.

Upon completion of the study, each participant will be given a copy of the Informed Consent Document letter (or at a minimum where one is available) to the person signing the form. Also, the researcher will mailed each participant a copy of the results based on group data (individual data will not be available) if you give an address or an e-mail address at the time of testing.

If you have questions about the study please feel free to contact Cindy Vo or Sedahlia Crase at 515-294-6135 (o) or 515-292-8842 (h). Other questions about research subjects' rights or other research-related concerns should be directed to Ginny Austin Eason, ISU's IRB Administrator, 515-294-4566, austingr@iastate.edu, or Diane Ament, Research Compliance Officer 515-294-3115, dament@iastate.edu.

Thank you for your help with this important research.

Sincerely,

Cindy Vo
Master's Student

Sedahlia Crase, Ph.D.
Major Professor

I, _____, agree to participate in the study described above.
(name)

Your Name (printed) _____

Your Signature _____ Date _____

APPENDIX D

Code Book for Adolescent Personal and Social Inventory

Item No.	Page No.	Label	Content	Code
<i>Section 1: Demographics</i>				
1	1	Age	Age in yrs	Age in yrs
2a	1	In high school (HS)	Yes	Yes=2
			No	No=1
2b	1	If yes in HS	9 th	9 th =1
			10 th	10 th =2
			11 th	11 th =3
			12 th	12 th =4
2c	1	If no in HS	Graduated (Grad)	Grad=5
			9 th	9 th =1
			10 th	10 th =2
			11 th	11 th =3
			12 th	12 th =4
3	1	Marital status	Grad	Grad=5
			Single	Single=1
			Married	Married=2
			Divorced	Divorced=3
			Separated	Separated=4
			Widowed	Widowed=5
4	1	Ethnicity	Caucasian	Caucasian=1
			Hispanic	Hispanic=2
			African American	African American=3
			Asian	Asian=4
			Native American	Native American=5
			Other	Other=6
5	1	(missing variable)		
6	1	Marital status of mother	Single	Single=1
			Married	Married=2
			Separated	Separated=3
			Divorced	Divorced=4
			Remarried	Remarried=5
			Deceased	Deceased=6
7	1	Marital status of father	"	"
8	1	Father's education	Junior HS or less	Junior HS or less=1
			Some HS	Some HS=2
			HS grad	HS grad=3
			Some college/	Some college/
			Technical school	technical school=4

			College grad Grad or professional degree "	College grad=5 Grad or professional degree =6 "
8	1	Mother's education		
9	1	Age of baby's father	Age in yrs	Age in yrs
10	1	Relationship w/ baby's father	Married/living together Living together/ not married Divorced No relationship Married/separated Not living/ not married Widowed Other	Married/living together=1 Living together/ not married=2 Divorced=3 No relationship =4 Married/separated=5 Not living/ not married=6 Widowed=7 Other=8
11	2	Contact w/ baby's father	Never see him See him rarely See him once a week See him 2-3 times a week See him every day	Never see him=1 See him rarely=2 See him once a week=3 See him 2-3 times a week=4 See him every day=5
12	2	If pregnant: rate school attendance	Hardly ever went Missed 3 days a week Missed 2 days a week Missed a day a week Went almost every day "	Hardly ever went=1 Missed 3 days a week=2 Missed 2 days a week=3 Missed a day a week=4 Went almost every day=5 "
13	2	Already had baby		
14	2	Financial support	Your job Spouse's job Saving Money from parent Other financial aid Social services Loans	No=1 Yes=2

			Scholarships	Other income
<i>Section 2: Baby's information</i>				
1	2	Age at birth of baby	Age in yrs	Age in yrs
2	2	Rate pregnancy	Difficult Difficult/ easy Average Average/ easy Easy	Difficult=1 Difficult/ easy=2 Average=3 Average/ easy=4 Easy=5
3	2	Rate delivery	"	"
4	2	Other children	No Yes	No=1 Yes=2
5	2	Currently pregnant	"	"
<i>Section 3: Inventory Socially Support Behavior (ISSB)</i>				
1-37	3-4	ISSB (ES, SS, FS)	Not at all Once/twice About once a week Several times About every day	Not at all=1 Once/twice=2 About one a week=3 Several times=4 About every day=5
<i>Section 4: Arizona Social Support Interview Schedule (ASSIS)</i>				
1	5	Talk	Mother Teacher Sister Father Best friend Brother Boyfriend Grandparent Other	Little/none=1 Somewhat=2 Very much=3 Extremely much=4 The most=5
2	5	Give \$ (loan)	Mother Teacher Sister Father Best friend Brother Boyfriend	Not very likely=1 Likely=2 Very Likely=3 Extremely Likely=4 The most likely=5

3	5	Advice	Grandparent Other Mother Teacher Sister Father Best friend Brother Boyfriend Grandparent Other	(Repeat #1 p.5)
4	5	Fun with		(Repeat #2 p.5)
5	6	Stress		
*6	6	Overall Financial Support	Mother Teacher Sister Father Best friend Brother Boyfriend Grandparent Other	A lot more support than 2yrs ago=1 Some more support than 2yrs ago=2 About the same amount of support both now and then=3 Some less support than 2yrs ago=4 A lot less support than 2 yrs ago=5 No support 2yrs ago=6
*7	6	Overall social & Emotional support	"	"
8	6	Prefer support	Their prefer	Their prefer

*Questions 6 and 7 above were later reverse coded for the analysis.

Section 5: Maternal Attitude Scale (MAS)

*2	6	Cries/wrong	Warmth factor	Strongly agree=1
*7	7	Cries/comfort	"	Moderately agree=2
*13	7	Cries/pick up	"	Slightly agree=3 Slightly disagree=4 Moderately disagree=5 Strongly disagree=6
*4	7	Baby/work	Demand factor	(Repeat scale for rest of items)
*6	7	Baby/nonverbal	"	
*8	7	Baby/difficult	"	
*12	7	Hold baby	State of mind factor	
*22	7	Babysitter upset	"	

*23	8	Imagination	"
*29	8	Express opinion	"
*32	8	Anger justified	"
21	7	Question	Understand child factor
25	8	Act important	"
34	8	Annoy parents	"

(Note * items are reverse coded and other items that were omitted due to poor factor loading and reliability.)

Section 6A: Maternal Support Questionnaire (MSQ) (For those currently pregnant)

1A	8	Household Responsibilities	Your husband/ baby's father Your parent Friends Sister/brothers Other relatives Teachers	None=1 Little=2 Some=3 Pretty much=4 A great deal=5
1B	9	Advice/counseling	"	"
1C	9	Emotional Support	"	"
1D	9	Babysitting	"	"
2	9	Overall relationship expectations	Your husband/ baby's father Your parent In-laws Doctors/nurses Friends Sister/brothers Other relatives Teachers	Very negative=1 Negative =2 No effect=3 Positive=4 Very Positive =5
3	10	Overall support expectations	Your husband/ baby's father Your parent In-laws Doctors/nurses Friends Sister/brothers Other relatives Teachers	Less than once a month=1 Once a month =2 Several times a month=3 A few times a week=4 Once a day=5
4	10	Support after/had birth		(Repeat #1A p.8)

Feeling of being a parent:

1	10	Ideas of being a parent	No experience Little experience Some experience Pretty much experience A great deal of experience	No experience=1 Little experience=2 Some experience=3 Pretty much experience=4 A great deal of experience=5
2	10	Prepare/ Parenthood	I feel very unprepared I feel unprepared I feel prepared unprepared I feel prepared I feel very well prepared	I feel very unprepared=1 I feel unprepared=2 I feel prepare/ unprepared=3 I feel prepared=4 I feel very well prepared=5 (Repeat #2 p.9)
3	10	Child affect	Friends Relatives Boyfriend/husband Financial situation Other children affect ones life	
4	10	Parenting is	Extremely not enjoyable Not enjoyable Somewhat/ enjoyable and not Enjoyable Extremely enjoyable	Extremely not enjoyable=1 Not enjoyable=2 Somewhat / enjoyable and not=3 Enjoyable=4 Extremely enjoyable=5
5	11	Confidence with	Sick baby Making baby- happy Play with baby Understand infant needs Express warm/ Loving Feed baby Soothe baby Bathing baby	(Repeat #1A p.8)

Section 6B: Maternal Support Questionnaire (MSQ) (For those who already had child)
 (See code from section 6A for questions in pages 11-13)

Last section: Idealization of Pregnancy and Parenthood Scale (IPPS)

1	14	Emotional better	Idealization of pregnancy	Strongly agree=1
			Factor	Agree=2
3	14	Relationship closer	"	Have no idea=3
				Disagree=4
4	14	Adjust to pregnancy	"	Strongly Disagree=5
				(Repeat scale for all items)
5	14	Men emotion	"	
8	14	Stop smoking	"	
10	14	Happiest/pregnancy	"	
11	14	Pregnancy/closer	"	
12	14	Anger/baby	"	
6	14	Complete marriage	Idealization of parenthood	
			factor	
13	14	Marital relationship	"	
14	14	Out of child	"	
15	14	Nature parenting	"	
16	14	Parenting enjoy	"	
17	14	Cope with baby	"	
18	14	Women lifestyle	"	
20	14	Men resent	"	
21	14	Men lifestyle	"	

Note: Items 2, 7, 9, 19, were omitted due to poor factor loading and thus to gain a better reliability.

*All items except item 2 were reverse coded.